Lee County Enrollment Form-<u>Household</u> Information (1 Per Family)

Primary Household			The state of the s	are enrounts week					
Physical Address	:	Street		Apt/Lot	_				
					USE BLACK OR				
	City		State	Zip Code					
					BLUE INK				
(Only if different)	P.O. Box (Or oth								
II DI (City		State	Zip Code					
Home Phone: ()		(Please list home pl	hone- if you only have a co	ell phone, leave blank.)				
1-Parent or Guardian (This is the primary parent/guardian for the students you are enrolling.) Name:									
(Firs	rt)	(Midd	lle)	(Last)	Father				
Date of Birth:	Employ	er:	Work P	Phone: ()	Legal Guardian Other:				
Cell Phone: ()	Ema	ail Address:						
Name:(Firs	rt)	(Mide		ep-parent living in the sam (Last)	Mother Father				
Date of Birth:	Employ	er:	Work P	hone: ()	Legal Guardian				
Cell Phone: ()	Ema	ail Address:		Other:				
Casandany Hayes	1 11 (7)								
NIECONO NI NY ECONONE	enola (This sec	ction should be com	pleted only if both pare	ents/guardians do not live i	in the Primary Household.)				
Secondary House	enola (This sec	tion should be com	pleted only if both pare	ents/guardians do not live i	in the Primary Household.)				
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Physical Address	Number City	Street		Apt/Lot	in the Primary Household.)				
Physical Address Mailing Address:	Number City	Street	State	Apt/Lot	in the Primary Household.)				
Physical Address Mailing Address: (Only if different)	Number City P.O. Box (Or oth	Street er mailing address)	State State	Apt/Lot Zip Code	_				
Physical Address Mailing Address: (Only if different)	Number City P.O. Box (Or oth	Street er mailing address)	State State	Apt/Lot Zip Code Zip Code	_				
Mailing Address: (Only if different) Home Phone: (Number City P.O. Box (Or oth City cdian (This wi	er mailing address)	State State (Please list home plants who does NOT liv	Apt/Lot Zip Code Zip Code hone- if you only have a code e in the Primary household	ell phone, leave blank.) I with the students.) Mother				
Mailing Address: (Only if different) Home Phone: (Number City P.O. Box (Or oth City City	er mailing address) ill generally be a po	State State (Please list home pi	Apt/Lot Zip Code Zip Code hone- if you only have a code e in the Primary household	ell phone, leave blank.) d with the students.) Mother Father Legal Guardian				
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Household Information Continued – Emergency Contacts

Children Enrolled in Our Schools								
Student Names: Please list the legal first, middle, and last name of each child you are enrolling. Mark the school each child will be enrolled in this year. PLEASE PRINT								
First Name	Middle Name	Last Name	LCMHS	LCE				
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			_ 🗆					
			_ 🗆					
			_ 🗆					
Adult Emerge								
Please list all adults who can pick up the above children in case of illness/emergency. You do not need to include parents and guardians but you must list step-parents if they are allowed to pick up a child. List in								
the order of who you want us to contact first. Provide first, middle, and last name for all contacts.								
Contact Doman	(Einst Middle Leat)	Homo Dhono	Call on Wark Dha	T	Palationship to Children			
	(First, Middle, Last)				Relationship to Children			
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			C or W()					
6)	C or W()					
D MOT		TDI C4 I 4						
	Allowed to Pick Up			1 0 1	1 777			
					ol. We are only asking			
for people for whom you have a legal document stating they cannot be with the child. NOTE: The school								
	th parents to pick u				<u>dren without this</u>			
documentation	<u>n.</u> We will not releas	e a child to anyon	ne who is not on you	r pick up list.				
If the person is not allowed to pick up all children, please mark "all." Otherwise, please list the child.								
if the person is	not anowed to pick t	ip an emidren, pre	tase mark am. Ou	iei wise, piease	nst the child.			
Person				Chil	ld			
			∏All					
			☐ All	·				
Person Comp	leting The Form							
I verify all the above information is complete and accurate:								
	0.D 0 1 1							
Signature o	f Person Completing	Form	Printed Nan	ne	Date			