

Lee County Enrollment Form- Household Information (1 Per Family)

Primary Household Information *(This is the address where the students you are enrolling live.)*

Physical Address: _____
Number Street Apt/Lot
City State Zip Code

USE BLACK OR

Mailing Address: _____
(Only if different) P.O. Box (Or other mailing address)
City State Zip Code

BLUE INK

Home Phone: (____) _____ - _____ *(Please list home phone- if you only have a cell phone, leave blank.)*

1-Parent or Guardian *(This is the primary parent/guardian for the students you are enrolling.)*

Name: _____
(First) (Middle) (Last)
Date of Birth: _____ Employer: _____ Work Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____ Email Address: _____

- ☐ Mother
☐ Father
☐ Legal Guardian
☐ Other:

2- -Parent or Guardian *(This is either the second parent/guardian or a step-parent living in the same household.)*

Name: _____
(First) (Middle) (Last)
Date of Birth: _____ Employer: _____ Work Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____ Email Address: _____

- ☐ Mother
☐ Father
☐ Legal Guardian
☐ Other:

Secondary Household *(This section should be completed only if both parents/guardians do not live in the Primary Household.)*

Physical Address: _____
Number Street Apt/Lot
City State Zip Code

Mailing Address: _____
(Only if different) P.O. Box (Or other mailing address)
City State Zip Code

Home Phone: (____) _____ - _____ *(Please list home phone- if you only have a cell phone, leave blank.)*

3-Parent or Guardian *(This will generally be a parent who does NOT live in the Primary household with the students.)*

Name: _____
(First) (Middle) (Last)
Date of Birth: _____ Employer: _____ Work Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____ Email Address: _____

- ☐ Mother
☐ Father
☐ Legal Guardian
☐ Other:

4- Other *(This will generally be the individual living with a parent in a Secondary Household.)*

Name: _____
(First) (Middle) (Last)
Date of Birth: _____ Employer: _____ Work Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____ Email Address: _____

- ☐ Mother
☐ Father
☐ Legal Guardian
☐ Other:

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
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Adult Emergency Contacts

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 Person(First, Middle, Last)	Home Phone	Cell or Work Phone	Relationship to Children
1. _____	(____) _____	C or W(____) _____	_____
2. _____	(____) _____	C or W(____) _____	_____
3. _____	(____) _____	C or W(____) _____	_____
4. _____	(____) _____	C or W(____) _____	_____
5. _____	(____) _____	C or W(____) _____	_____
6. _____	(____) _____	C or W(____) _____	_____

Persons NOT Allowed to Pick Up The Students

Please list anyone who is **LEGALLY NOT** allowed to pick up your children from school. **We are only asking for people for whom you have a legal document stating they cannot be with the child. NOTE: The school must allow birth parents to pick up the children and obtain information on the children without this documentation.** We will not release a child to anyone who is not on your pick up list.

If the person is not allowed to pick up all children, please mark “all.” Otherwise, please list the child.

Person	Child
_____	<input type="checkbox"/> All _____
_____	<input type="checkbox"/> All _____

Person Completing The Form

I verify all the above information is complete and accurate:

_____	_____	_____
Signature of Person Completing Form	Printed Name	Date