

Pender Public Schools Enrollment Form

Student Personal Information

Student Name: _____ Grade: _____
(Last) (First) (Middle)

Nickname: _____ (optional) Home Phone (Landline): _____ (Cell): _____

Birth Date: ____/____/____ Age: _____ Gender: _____ Birth Place: _____
(STATE or COUNTRY)

Race/Ethnicity (check all that apply):
 Hispanic/Latino American Indian or Alaska Native Black or African American
 White Native Hawaiian or Pacific Islander Asian

Address: _____ City _____ State _____ Zip _____

Mailing Address (if other than physical address): P.O. Box _____ City _____ State _____ Zip _____

What language did your child first learn to speak? _____

What language is spoken most often by your child? _____

What language does your child most frequently use at home? _____

Primary Household / Custodial Family Information

Parent #1 Name: _____ Parent #2 Name: _____

Employer: _____ Employer: _____

Cell Phone: _____ Work : _____ Cell Phone: _____ Work : _____

Email Address: _____ Email Address: _____

Please list all siblings and other individuals living at Primary residence of student:

Name: _____ Grade Entering: _____ DOB: _____

Name: _____ Grade Entering: _____ DOB: _____

Name: _____ Grade Entering: _____ DOB: _____

Name: _____ Grade Entering: _____ DOB: _____

Name: _____ Grade Entering: _____ DOB: _____

(If family situation is other than custodial household, enter the additional parent information below)

Secondary Household / Non-Custodial Parent

Name: _____ Custodial Rights? **Y** or **N** (if NO, legal documentation required)

Home Address: _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ - _____ Cell Phone : (_____) _____ - _____

Employer: _____ Employer Phone: (_____) _____ - _____

Email Address: _____

Emergency Contact Information (list contacts other than parents)

1) Contact Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

2) Contact Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

* If more contacts are needed ~ please list on back *

Family Doctor's Name: _____