

OFFICE USE

Student ID _____ Enrollment Date _____ Grade _____
 Meeting Date for Due Process _____ Contact _____
 Registration Completed _____ School _____
 Need: Immunization Record Birth Cert _____ Transportation _____
 Teacher's Name _____ Name of person Enrolling _____

STUDENT ENROLLMENT FORM

Please indicate the student's academic placement

- New Kindergartener for the _____ school year Returning Student-Previously here
 New Pre-Kindergarten for the _____ school year School(s) _____
 New student entering grade _____ for the _____ school year _____

Student Information

Birth certificate or other satisfactory evidence of age and official record of immunizations must be presented at time of enrollment. Copies of these documents are to be placed in folder and originals returned to parent/guardian.

Legal Name _____ / _____
 Last First Middle Nickname

Address _____
 Physical Address City State Zip Code

Address _____
 Mailing Address City State Zip Code

Home Phone _____ Cell _____ Emergency _____

Male Female Date of Birth _____ Place of Birth _____
 Month/Day/Year City/State/Country

Ethnicity: Hispanic Non Hispanic

Race: (select all that apply) American Indian Asian Black Hawaiian/Pacific Islander White

Military Affiliation: Active Duty Reserve Veteran

Service Branch Army Air Force Navy Marines Coast Guard National Guard Other

Child resides with _____

Family Information

Father's Full Name _____ Deceased Yes No

Address _____ Zip _____ Home Phone _____

Employer _____ Cell Phone _____

Highest education level completed _____ Business Phone _____

E-mail _____

Mother's Full Name (include maiden name) _____ Deceased Yes No

Address _____ Zip _____ Home Phone _____

Employer _____ Cell Phone _____

Highest education level completed _____ Business Phone _____

E-mail _____

Stepparent, Legal Guardian, or Caretaker Information (if applicable)

Name _____ Relationship _____

Address _____ Zip _____ Home/Cell Phone _____

Employer _____ Business Phone _____ E-mail _____

Emergency Contact

Name _____ Relationship _____

Address _____ Zip _____ Home/Cell Phone _____

Employer _____ Business Phone _____

E-mail _____ Alternate Phone _____