

NORWOOD ENROLLMENT FORM

BUS _____

GRADE _____

DATE _____

STUDENT INFORMATION:

Student's LEGAL NAME as it appears on the birth certificate. **PLEASE PRINT.**

NAME _____
Last First Middle

DATE OF BIRTH _____ BIRTHPLACE _____ SOC. SEC. # _____

PLEASE CIRCLE THE PERFERRED PATH FOR LEARNING TRADITIONAL VIRTUAL

PLEASE CIRCLE: Sex F M Are you of Hispanic/Latino culture or origin? (YES or NO)

WHAT IS YOUR RACE? American Indian/ Alaskan Native White Black/ African American
Native Hawaiian/Other Pacific Islander Asian

PERMISSION TO PUBLISH PICTURES FOR NEWSPAPERS AND THE YEAR BOOK? YES NO

FAMILY INFORMATION: This student lives with: _____

Father's Name or Guardian Work Number

In Military? Please circle one: Active Reserved National Guard

Mother's Name or Guardian Work Number

In Military? Please circle one: Active Reserved National Guard

HOME MAILING ADDRESS: _____

HOME PHYSICAL ADDRESS: _____

HOME TELEPHONE NUMBER _____ CELL PHONE _____

E-MAIL ADDRESS: _____

EMERGENCY/MEDICAL INFORMATION:

Emergency Contact _____
Name of Individual to Contact Phone Number

PLEASE NOTE: **We MUST** have a name and phone number of someone to contact in the event your child becomes ill or is injured at school, Thank you.

FOOD/MEDICAL ALLERGIES: _____

SOONER CARD OR MEDICAID NUMBER _____

PREVIOUS SCHOOL INFORMATION:

NAME OF SCHOOL LAST ATTENDED: _____ ADDRESS _____ PHONE _____

LIST OF PEOPLE THAT ARE ALLOWED TO PICK UP YOUR CHILD.

NAME **RELATIONSHIP TO STUDENT**

