

Please complete the information on BOTH SIDES of this form carefully

#### STUDENT INFORMATION (PLEASE PRINT)

<b>Last</b>	<b>Official First</b> (nickname in parenthesis)	<b>Middle</b>	<b>Gender</b> (M/F)	<b>Date of Birth</b> (mm/dd/yyyy)	<b>Grade Enrolling In</b>	<b>Enrolling under Open Enrollment, Tuition Waiver or Other?</b> <input type="checkbox"/> OE <input type="checkbox"/> TW <input type="checkbox"/> Other: _____	<b>Does student have an Individualized Education Plan (IEP)</b> If yes, please provide a copy <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Ethnicity/Race (Please complete BOTH questions)</b> 1. Is the student Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No  2. Is the student one or more of these races? (check all that apply)  <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native		<b>Student lives with:</b> (check all that apply)  <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Other _____		<b>School student last attended:</b> School Name, Address, Phone:  If Applicable: First Date of Attendance in a United States School: _____ Has your child ever been retained? Yes No Has your child ever been expelled? Yes No Date: _____			<b>Student Services:</b> Is your child in special education Yes No Is your student being evaluated for special education? Yes No Does your child have a 504 Plan? Yes No Does your student participate in any of the following: ___ Gifted & Talented ___ English as a Second Language ___ Subject/Grade Level Accelerated ___ Other _____ ___ Any concerns related to your child?	

#### \*PRIMARY HOUSEHOLD CONTACT INFORMATION (PLEASE PRINT)

**As of first day of student attendance:**  
**PRIMARY HOUSEHOLD ADDRESS:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Parent/Guardian/Other Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Is there a Secondary Household?**  Yes  No  
 Check this box with "X" if legal restrictions are in effect for this student. (A copy of the court order must be provided to the Principal.)

#### \*SECONDARY RESIDENCY PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

**As of first day of student attendance:**  
**SECONDARY HOUSEHOLD ADDRESS:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Parent/Guardian/Other Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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EMERGENCY CONTACT INFORMATION				
List 3 local relatives or friends to use for contacts in the event parents cannot be reached				

Last Name 1	First Name	Relationship to child	Home Phone	Cell/Work Phone
Last Name 2	First Name	Relationship to child	Home Phone	Cell/Work Phone
Last Name 3	First Name	Relationship to child	Home Phone	Cell/Work Phone

LIST ALL CHILDREN (Age 18 and under) RESIDING IN THE PRIMARY HOUSEHOLD: complete ALL Information (PLEASE PRINT)							
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Last Name	First Name	Middle Name	Relationship	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade	School

TRANSPORTATION INFORMATION FOR PARENTS							
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**All Schools:** All bus stops are scheduled from the PRIMARY HOUSEHOLD home address. If there is a change to pick up and drop off address please follow these steps:

⇒ Sign in to Family Access ⇒ Go to Online Forms ⇒ Complete and Submit Online Alteration of Bus Form

**\*Note: (PLE ONLY)** Each child may have only one pick up and one drop off address.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_