

# STUDENT ENROLLMENT FORM

Please complete the information on BOTH SIDES of this form carefully

STUDENT INFORMATION (PLEASE PRINT)					
Last	Official First (nickname in parenthesis)	Middle	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade Enrolling In
<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			Enrolling under Open Enrollment, Tuition Waiver or Other? <input type="checkbox"/> OE <input type="checkbox"/> TW <input type="checkbox"/> Other: _____  Does student have an Individualized Education Plan (IEP) if yes, please provide a copy <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student lives with: (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>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: <input type="checkbox"/> Gifted & Talented <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Subject/Grade Level Accelerated <input type="checkbox"/> Other _____ Any concerns related to your child? _____		
School student last attended: 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>*PRIMARY HOUSEHOLD CONTACT INFORMATION (PLEASE PRINT)</b>  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: _____  <b>Is there a Secondary Household?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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	First Name	Relationship to child	Home Phone	Cell/Work Phone		
1	First Name	Relationship to child	Home Phone	Cell/Work Phone		
2	First Name	Relationship to child	Home Phone	Cell/Work Phone		
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)						
Last Name	First Name	Middle Name	Relationship	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade School

TRANSPORTATION INFORMATION FOR PARENTS
<p><b>All Schools:</b> 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</p> <p><b>*Note: (PLE ONLY)</b> Each child may have <u>only one</u> pick up and <u>one</u> drop off address.</p>

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