

Student Enrollment Information

Are you a resident of this district? Yes No If not, have you filed open enrollment? Yes No

1st Student Info:	Grade: _____	Gender: M F	Social Security #: _____
Complete Legal Name:	_____	_____	_____
	LAST	FIRST	MIDDLE
Date of Birth: _____	Place of Birth: _____ / _____		
	CITY, STATE		COUNTRY
Address: _____	_____	_____	
	HOUSE NUMBER & STREET	PO BOX	
_____	_____	_____	
	CITY	STATE	ZIP
Student cell phone if applicable _____		Is Student Hispanic/Latino: Yes No	
Circle all that apply:			
Am Indian/Alaska Native	Asian	Black/African Am.	Native Hawaiian/other Pacific Islander
			White

2nd Student Info:	Grade: _____	Gender: M F	Social Security #: _____
Complete Legal Name:	_____	_____	_____
	LAST	FIRST	MIDDLE
Date of Birth: _____	Place of Birth: _____ / _____		
	CITY, STATE		COUNTRY
Student cell phone if applicable _____		Is Student Hispanic/Latino: Yes No	
Circle all that apply:			
Am Indian/Alaska Native	Asian	Black/African Am.	Native Hawaiian/other Pacific Islander
			White

3rd Student Info:	Grade: _____	Gender: M F	Social Security #: _____
Complete Legal Name:	_____	_____	_____
	LAST	FIRST	MIDDLE
Date of Birth: _____	Place of Birth: _____ / _____		
	CITY, STATE		COUNTRY
Student cell phone if applicable _____		Is Student Hispanic/Latino: Yes No	
Circle all that apply:			
Am Indian/Alaska Native	Asian	Black/African Am.	Native Hawaiian/other Pacific Islander
			White

FAMILY CONTACT INFORMATION

Please give name and information about the adults *living at the address you listed under your student*

1). Name: _____ home phone: _____
email address: _____ cell phone: _____
employer: _____ work phone: _____ ext: _____

Relationship to student (circle one):

mother father step-mom step-dad foster parent legal guardian grandparent other

2). Name: _____ home phone: _____
email address: _____ cell phone: _____
employer: _____ work phone: _____ ext: _____

Relationship to student (circle one):

mother father step-mom step-dad foster parent legal guardian grandparent other

Parents Divorced? Yes No Parents Separated? Yes No Father Deceased? Yes No Mother Deceased? Yes No

If Divorced or separated, is there an additional responsible contact? Yes No Send Mailings? Yes No

Parent/Guardian's Name: _____ Relationship: _____

Mailing Address: _____ Phone: _____

Who has legal custody of this student? _____ Is there a legal alert? Yes No

Other Contact Information In case family contacts can't be reached

1). Name: _____ Relationship to student: _____
Home phone: _____ Cell phone: _____ Work phone: _____

2). Name: _____ Relationship to student: _____
Home phone: _____ Cell phone: _____ Work phone: _____

In the event of a medical emergency and I cannot be reached, I authorize the school and/or hospital personnel to provide medical care to my child as deemed necessary. Yes No

Parent/Guardian Active Military Information

Does student have a parent/guardian active in military? Yes No

Signature of Parent/Guardian: _____ Date: _____