

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

Was either parent/guardian a former student of Central DeWitt CSD? Yes No
If yes, under what name and what year(s) did they attend? _____

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: _____