



STUDENT ENROLLMENT FORM

School Name: _____

Student #: _____

Room #: _____

Teacher: _____

Student Information

Last Name: _____ First: _____ Middle: _____ Nick Name: _____

Grade Level: _____ Gender: _____ Primary Student Language: _____ Date of Birth: _____

Birth State or Country: _____ Transfer from: (School, Location) _____

Does this student receive special education services? Yes _____ No _____ Primary Exceptionality: _____

Race and Ethnicity (as required by the U.S. Office of Management and Budget and the U.S. Department of Education)

Part A pertains only to ethnicity, not race. Regardless of what is selected for Part A, please answer Part B by marking one or more race(s). If you choose not to answer either of these questions, an employee of the school district will be required by law to provide this information based on observation.

Part A. Is this student Hispanic/Latino? (Choose only one)

____ No, not Hispanic/Latino ____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

Part B. What is the student's race? (Choose one or more):

____ American Indian or Alaskan Native ____ Asian ____ Black or African American ____ Native Hawaiian or other Pacific Islander ____ White

Student Primary Residence

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: (if different) _____ Primary Family Home Phone: (____) _____

Unlisted? Yes _____ No _____ Student Cell Phone: (____) _____ Subdivision: _____

Primary Language in Home: _____ Native Language (First language Student learned to speak): _____

Does any adult in the student's family need a sign language interpreter? Yes _____ No _____

*Is student eligible for services provided under the McKinney-Vento Homeless Assistance Act : Yes _____

Student's Social Security #: _____

** Providing the student's social security number is voluntary. However, omission could impact the receipt of entitlement programs such as direct certification for the free and reduced lunch program, special services and accurate recording of College Board scores to your student's transcript

Parents/Guardians at Primary Residence

Call Order: _____ Lives With: _____ Educational Rights: _____ Financial Responsibility: _____

Last Name: _____ First: _____ Relationship: _____

Employer: _____ Job Title: _____

Work Phone: (____) _____ Ext: _____ Cell Phone: (____) _____

*Primary Email Address: _____ Military: Active _____ Reserve _____

*By providing the district an email address, you are agreeing to receive information about your student, including grades, at this email address.

Call Order: _____ Lives With: _____ Educational Rights: _____ Financial Responsibility: _____

Last Name: _____ First: _____ Relationship: _____

Employer: _____ Job Title: _____

Work Phone: (____) _____ Ext: _____ Cell Phone: (____) _____

*Primary Email Address: _____ Military: Active _____ Reserve _____

Student Name: _____

Student ID: _____

NON-CUSTODIAL PARENT MAY HAVE ACCESS TO STUDENT INFORMATION
UNLESS PROHIBITED BY THE COURT. IF ACCESS IS PROHIBITED BY THE COURT,
THE SCHOOL MUST HAVE A COPY OF THE LEGAL DOCUMENT(S).

Parents/Guardians at Secondary Residence

Call Order: _____ Educational Rights: _____ Financial Responsibility: _____

Last Name: _____ First: _____ Relationship: _____

Street: _____ City: _____ State: _____ Zip: _____

Employer: _____ Job Title: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Ext: _____ Cell Phone: (_____) _____

*E-mail Address: _____ Military: Active _____ Reserve _____

*By providing the district an email address, you are agreeing to receive information about your student, including grades, at this email address.

Call Order: _____ Educational Rights: _____ Financial Responsibility: _____

Last Name: _____ First: _____ Relationship: _____

Employer: _____ Job Title: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Ext: _____ Cell Phone: (_____) _____

*E-mail Address: _____ Military: Active _____ Reserve _____

Additional Emergency Contacts

Name: _____ Relationship: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone or Other: (_____) _____

Name: _____ Relationship: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone or Other: (_____) _____

Name: _____ Relationship: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone or Other: (_____) _____

Day Care: _____ Address: _____ Phone: (_____) _____

Other Children

Last	First	Middle	Gender	Date of Birth	School	Grade
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Non-Medical Special Instructions

For Office Use Only

First Date Membership _____ School of Residence _____ Home District _____ Mileage _____

Proof of Identity _____ AYP School _____ Subdivision _____ Map Grid _____

Enrollment Code _____ Receipt # _____