

ENROLLMENT SHEET

Today's Date _____

Students Legal Name: _____
(As it appears on Birth Certificate) Last First Full Middle Name

Birth City _____ Birth State _____ Birth County _____

Date of Birth: ____/____/____ Sex: Male Female Grade _____

Race and Ethnic or Nationality

Part One: Is your child Hispanic or Latino (must Choose one)

- Hispanic or Latino
 Not Hispanic or Latino

Part Two: Select one or more of the following categories that apply to student.

- American Indian/Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Father's Full Name: _____
Last First Full Middle

Mother's Full Name: _____
Last First Full Middle

Spouse's Name: _____

Spouse's Name: _____

Home Address: _____

Home Address: _____

Home Phone: (_____) _____
if same as cell please note

Home Phone: (_____) _____
if same as cell please note

Cell Phone: _____

Cell Phone: _____

E-Mail Address: _____

E-Mail Address: _____

Pager Number: _____

Pager Number: _____

Place of Employment: _____

Place of Employment: : _____

Work Shift: (circle one) 1st 2nd 3rd

Work Shift: (circle one) 1st 2nd 3rd

Work Phone: (_____) _____

Work Phone: (_____) _____

Marital Status of Parents: (circle one) Single Married Divorced Separated Widowed

Child Lives With: Both Parents Father Mother Other _____
(Name/Relationship)

Student address if different than those listed above: _____

Non Custodial Parent Requesting Records: Please contact the school office if there are restraining orders in place.

Any unusual health conditions of student or medication: _____

Wears glasses or contacts: _____ Special Seating Required Due to Sight or Hearing: _____

over

If my child becomes ill and I cannot be reached, please call: (Local person if possible)

Name	Relationship	Address	Phone

In case of a serious accident or illness and I cannot be reached, I hereby authorize the school to call an ambulance at my expense and have the child transported to: _____
 (Name of Hospital)

_____ who may render any necessary treatment.
 Doctor's Name Phone

Office Location - City & State _____

Permissions:

To the best of my knowledge, my son/daughter named on page 1 of this form is physically fit to participate in the physical education program offered by the school. Yes No

My child has permission to take in-district field trips. Yes No

For Office Use Only			
Birth Name of Mother	_____		
	First	Full Middle	Last Name
Birth Name of Father	_____		
	First	Full Middle	Last Name
Birth Certificate Verification	_____		
	(Staff Initials)		
Date:	_____		