



Today's Date _____

Start Date _____

School Year _____

New Enrollee

Re-Enrollee

Transfer within district

School of Choice

SPECIAL HELP

Has your child ever received special education services?

Yes

No

Does your child have a current IEP?

Yes

No

Has your child received Title I (Remedial) services?

Yes

No

Is your child currently on a 504 Plan?

Yes

No

(Initials of staff member obtaining this information _____)

STUDENT INFORMATION

Legal Last Name _____ First Name _____ Middle _____

Address _____ City _____ Zip Code _____

Home Phone () _____ Grade _____ Birth Date _____

Male Female City of Birth _____ Previous School _____

City _____ Stat _____ Phone Number () _____

Ethnicity (choose one)

- Hispanic or Latino
- Not Hispanic or Latino

Race (choose one or more, regardless of ethnicity)

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

PARENT INFORMATION- ONLY PARENT/GUARDIAN MAY ENROLL STUDENT

Name of parents/guardians with whom student resides- include last name if different from student.

FEMALE

MALE

Name _____

Name _____

Relationship to student _____

Relationship to student _____

Court appointed guardian? Yes No

Court appointed guardian? Yes No

Cell Phone () _____

Cell Phone () _____

Work Phone () _____

Work Phone () _____

E-Mail _____

E-Mail _____

PARENTS LIVING ELSEWHERE (DIVORCED PARENTS)

SEND MAIL? Yes No

Name _____

Relationship to student _____

Address _____ City _____ Zip Code _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

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MEDICAL CONDITIONS/ALLERGIES:

Does your child take medication for this condition? Yes No

If yes, name of medication _____

If your child will need to take medication at school, please ask for a district Medication Form, which must be completed by your child's doctor.

LIST OTHER CHILDREN IN FAMILY:

Last Name	First Name	Sex	Birthdate	Grade	School he/she will attend
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LANGUAGE SPOKEN IN THE HOME

Is your child's native tongue English? Yes No

Is the primary language used in your child's home or environment English?
 Yes No

If no, what is that language? _____

MCKINNEY-VENTO ACT

Is your family living in any of the following situations? Please circle Y (yes) or N (no)

In a motel, camp, or shelter due to the lack of alternative adequate accommodations? Y N

In a car, park, abandoned building or bus or train station? Y N

Doubled up with other people due to loss of housing or economic hardship? Y N

If you answer yes to any of the above questions, your child may be eligible for special services. Our homeless liaison will contact you.

VERIFICATION OF INFORMATION-the undersigned acknowledges that the information provided on this form is true and accurate.

Parent/Legal Guardian Signature

Date

FOR SCHOOL USE ONLY

TEACHER _____ STREET CODE _____ CENSUS CODE _____ BUS ROUTE _____

VERIFICATION:

- BIRTH CERTIFICATE RESIDENCY IMMUNIZATIONS RECORDS REQUESTED
- HEARING/VISION SCREENING (KDG.) VARICELLA CUSTODY PAPERS (IF APPLICABLE)

EXIT INFORMATION:

Exit Date _____

Next Building _____