

# NEW STUDENT ENROLLMENT FORM

OUT OF STATE STUDENT Yes \_\_\_\_\_ No \_\_\_\_\_

Student ID # \_\_\_\_\_ Start Date \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Birthdate \_\_\_\_\_ Birth Certificate Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Names \_\_\_\_\_

Child resides with \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_

Transferred from School (School name) \_\_\_\_\_

(School address) \_\_\_\_\_

(School phone) \_\_\_\_\_

Bus Assignment (AM) \_\_\_\_\_ (PM) \_\_\_\_\_

Special Education Services \_\_\_\_\_

Other Services \_\_\_\_\_

Immunization Records \_\_\_\_\_ (Completed) \_\_\_\_\_

HEALTH CONCERNS YES \_\_\_\_\_ NO \_\_\_\_\_

Records Requested \_\_\_\_\_ Records received Yes \_\_\_\_\_ No \_\_\_\_\_

Date received: \_\_\_\_\_