

Glascok County School District
Student Enrollment Form

School Use Only

HR TCHR: _____

Family #: _____

Student ID #: _____

Residency Info

Parcel Number: _____

School: Glascok County Consolidated School

Student GTID #: _____

Ethnic Group:

Is this student Hispanic/Latino?

(Choose only one)

- ☐ No, not Hispanic/Latino
☐ Yes, Hispanic/Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking *one or more* boxes to indicate what you consider your student's race to be.

What is the student's race?

(Choose one or more)

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

Section I: Student Information

Last name

First name

Middle name

Female/Male

Gender

Grade

Date of Birth

Social Security #

Birthplace

Nickname/Called Name

If the birthplace of the enrolling student is outside of the United States or Puerto Rico, and the parent is in the military, has the student been enrolled in a US school for less than 3 years? ☐ **Yes** ☐ **No**

Date Entered US Schools

Migrant Status

Has the student moved within the past three years with a parent to obtain temporary or seasonal work in agriculture, fishing, or food processing?

☐ **Yes** ☐ **No**

Is your student a dependent of active or reserve military personnel? Select "Not Applicable" if this question does not apply

☐ **Active** Duty US Army ☐ **Active** Duty Air Force ☐ **Active** Duty Navy ☐ **Active** Duty Marines ☐ **Active** Duty Coast Guard
☐ **Reserves** Army ☐ **Reserves** Air Force ☐ **Reserves** Navy ☐ **Reserves** Marines ☐ **Army** National Guard ☐ **Air** Force National Guard
☐ Parents Multiple Branch ☐ Not Applicable

Home Language Survey

1. What language did the student first learn to speak? _____
2. What language does the student speak at home? _____
3. What language does the student speak most often? _____

Are you the owner of your child's residence within Glascok County? ☐ **Yes** ☐ **No**

If YES, what is the Parcel Number of this residence (can be found on annual tax bill)? _____

If NO, complete necessary affidavit(s).

Section II: Residency Information

Residence Address

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Mailing Address (if different)

Address: _____

City: _____

State: _____ Zip Code: _____

☐ Listed ☐ Unlisted

With whom does the student live? ☐ Both Parents ☐ Father Only ☐ Mother Only
☐ Mother & Stepfather ☐ Father & Stepmother ☐ Legal Guardian (**Documentation required**)

Section III: Parent/Guardian Information

Last Name

First Name

Relationship (father, mother, guardian, etc.)

Address

City State Zip Code

Home Phone Cell Phone

Email Address Work Phone

Last Name

First Name

Relationship (father, mother, guardian, etc.)

Address

City State Zip Code

Home Phone Cell Phone

Email Address Work Phone

Employer _____ Occupation _____
Contact Allowed: ☐ Yes ☐ No

Employer _____ Occupation _____
Contact Allowed: ☐ Yes ☐ No

Section IV: Emergency Contacts--The following people have my permission to check out my child from school:

Contact 1: (Non-parent/guardian)

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Relationship to student _____

Contact 2: (Non-parent/guardian)

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Relationship to student _____

Section V: Physician/Medical Information

Physician _____ Telephone _____ Extension _____
List any medical conditions to which the school needs to be alerted:
Medical Alert 1: _____ Medical Alert 2: _____

Section VI: Miscellaneous Information

Has the student been enrolled in any special programs? ☐ Yes ☐ No Name of Program: _____
(Example: Special Education/IEP, ESOL, EIP, Tutoring, Gifted/AIM)
School previously attended: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: _____
School previously attended: _____
Address: _____ City: _____
Telephone: _____

For 9th-12th grade students:

1. Year entered 9th grade? _____ (e.g. 2000-01) 2. Program of Study Chosen: ☐ College Prep; ☐ Technology/CTAE
3. Foreign Exchange Student: ☐ Yes ☐ No

Section VII: Bus Information -- (Note for items 7 and 8 please see school staff member)

4. Directions from home to school: _____
5. Are you a car rider? ☐ Yes ☐ No If your car ride was not available, what bus would you ride? _____
6. What bus (or buses) do you ride? Morning bus #: _____ Afternoon bus #: _____

Declarations:

I understand that all the facts contained on this enrollment form are true and correct, and, if found to be false or erroneous, will lead to the immediate removal of my child from this school. I understand that I must report any change of residence to this school, regardless of whether that change in residence is outside of this school's attendance zone.

Signature of Person Enrolling Student _____ Relationship to student _____ Date _____