

ELIZABETHTOWN AREA SCHOOL DISTRICT
600 EAST HIGH STREET
ELIZABETHTOWN, PA 17022

HOMESCHOOL ENROLLMENT FORM

(To be completed by school personnel)			
		Student ID#	_____
New Entry	Re-Enrollment	Special Education	Building
_____	_____	_____	_____

School Year _____

Grade _____

Name _____
Last First Middle

Address _____

Home Phone _____

Date of Birth:

Month Day Year

Gender: Male _____ Female _____

Ethnicity (Please Circle One) White American Indian Asian Black Hispanic

Parent/Guardian Information:

Mothers Name _____

Fathers Name _____

Guardians Name _____

Email Address _____

Has your student ever attended the Elizabethtown Area School District, if so when? _____

I verify that all information above is correct.

Signature _____

Date _____