

Deuel School District Enrollment Form

20__-20__ School Year

Student Last Name:		
Student First Name:		
Middle Name:		
Student Birth Date and Age:		
Gender:		
Student Social Security Number:		
Student Grade level during 20__-20__ school year:		
Student was enrolled in Special Education the Previous School Year (Y/N)		
Parent/ Guardian Information: <i>**Star primary residence and guardian if needed.</i>		
Parent/ Guardian Name and Address:	Parent/Guardian Name and Address:	
Home Phone Number:	Home Phone Number:	
Cell.Phone Number:	Cell Phone Number:	
Work Phone Number:	Work Phone Number:	
Email Address:	Email Address:	
Secondary e-mail address:		
Emergency Contact name w/ address and phone number:		

Parent Signature: _____