

2024-25 New Student Enrollment Form Horizon Elementary

2024 25 Cwadal	NFORMATION sit appears on birth certificate.
Student Last Name: Fir	st: Middle:
Birthdate: Gender:	Students's Home Language:
First entry date into US schools:	Most recent entry date into KS schools:
Subdivision: School last attended (School last attended)	nool, City, State):
Does your child currently receive Special Education services th	rough an Individualized Educational Plan (IEP)?
Is the IEP for Gifted Services? Yes No Parent	
Has your child received any of the following services?	Section 504 Reading Math ESS/ESL/ESOL
Is either parent/guardian an active member of the military?	Active Duty Forces Yes No Nat'l Guard or Reserve Forces Yes No
Race and Ethnicity: BOTH Part A and Part B MUST be answ	
Part A: What is the student's ethnicity? Is the student Hispan No, not Hispanic/Latino Yes, Hispanic/Latino	
Part B: What is the student's race? (Choose one or more)	
	origins in any of the original peoples of North and South America,
Asian - A person having origins in any of the original peoples	of the Far East, Southeast Asia, or the Indian subcontinent including, for
example, Cambodia, China, India, Japan, Korea, Malaysia, Pal	
Black or African American - A person having origins in an	y of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander - A person learn or other Pacific Islands.	naving origins in any of the original peoples of Hawaii, Guam, Samoa,
White - A person having origins in any of the original peop	-
FAMILY INFORMATION - Please list	additional family and household information on back.
Parent/Guardian 1:	Parent/Guardian 2:
Parent/Guardian 1:Street Address:	Parent/Guardian 2: Street Address:
Street Address:	Street Address:
Street Address: City, State ZIP:	Street Address: City, State ZIP:
Street Address: City, State ZIP: Preferred Phone;	Street Address: City, State ZIP: Preferred Phone:
Street Address: City, State ZIP: Preferred Phone: Work Phone: Employer:	Street Address: City, State ZIP: Preferred Phone: Work Phone: Employer:
Street Address: City, State ZIP: Preferred Phone; Work Phone: E-mail Address:	Street Address: City, State ZIP: Preferred Phone: Work Phone: Employer: Email Address: Relationship:
Street Address: City, State ZIP: Preferred Phone; Work Phone; E-mail Address: Relationship: Student lives with (check one):	Street Address: City, State ZIP: Preferred Phone: Work Phone: Employer: Email Address: Relationship: nt/Guardian 2 only Time shared between households
Street Address: City, State ZIP: Preferred Phone: Work Phone: E-mail Address: Relationship: Student lives with (check one): Both Parents/Guardians Parent/Guardian 1 only Parent/Access to child is legally restricted. (A copy of a court order negative process)	Street Address: City, State ZIP: Preferred Phone: Work Phone: Employer: Email Address: Relationship: nt/Guardian 2 only Time shared between households
Street Address: City, State ZIP: Preferred Phone: Work Phone: E-mail Address: Relationship: Student lives with (check one): Both Parents/Guardians Parent/Guardian 1 only Parent/Access to child is legally restricted. (A copy of a court order in EMERGENCY)	Street Address: City, State ZIP: Preferred Phone: Work Phone: Employer: Email Address: Relationship: Int/Guardian 2 only Time shared between households must be on file.)
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