



OFFICE USE ONLY: Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Resident District: \_\_\_\_\_

# STAPLES-MOTLEY SCHOOL DISTRICT ENROLLMENT FORM

*NOTE: Please fill out clearly and completely for each student.*

**Student's Legal Name** \_\_\_\_\_  
(Last) (First) (Middle)

Male  Female Grade: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Chosen Name \_\_\_\_\_

**Student's Race/Ethnicity** (check all that apply):

- White
- Black or African American
- Hispanic
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Other \_\_\_\_\_

**STUDENT LIVES WITH:**  Both Parents  Father  Mother  Step-Father  Step-Mother  Other: \_\_\_\_\_

- If the student lives with only one parent, should the other parent receive school information such as report cards, conference notices, newsletters, etc.  YES  NO

**If NO...You must provide legal documentation prohibiting the non-custodial parent from seeing this child at school or receiving any school information. Please send a copy of the legal documentation to be kept in the student's file.**

- Is the student's Parent or Guardian Active Duty in the U.S. Military?  YES  NO
- Indicate any languages, other than English, spoken in the household. \_\_\_\_\_

**WHERE DOES THE STUDENT RESIDE WITH PARENTS/GUARDIANS** (Please check all that apply):

- In Home/Apartment
- In a Shelter
- With Friends or Family
- Staying in a Hotel/Motel
- Other \_\_\_\_\_

## Household ONE Information (Primary)

**Parent/Guardian 1**  Student School Pickup is allowed

**Parent/Guardian 2**  Student School Pickup is allowed

\_\_\_\_\_  
(Last Name, First Name)

\_\_\_\_\_  
(Last Name, First Name)

- Relationship to Student:**  Father  Mother
- Step-Father  Step-Mother  Grandparent
  - Foster Parent  Foster Parent  Host Family
  - Other \_\_\_\_\_

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- Step-Father  Step-Mother  Grandparent
  - Foster Parent  Foster Parent  Host Family
  - Other \_\_\_\_\_

\_\_\_\_\_  
(Physical Address)

\_\_\_\_\_  
(Physical Address)

\_\_\_\_\_  
(Mailing Address if different)

\_\_\_\_\_  
(Mailing Address if different)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Primary Phone Number)  Cell  Landline

\_\_\_\_\_  
(Primary Phone Number)  Cell  Landline

\_\_\_\_\_  
(Work Phone Number) (Other Phone Number)

\_\_\_\_\_  
(Work Phone Number) (Other Phone Number)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Email Address)

**Household TWO Information** *(if applicable)*

**Parent/Guardian 1**  Student School Pickup is allowed

**Parent/Guardian 2**  Student School Pickup is allowed

\_\_\_\_\_  
(Last Name, First Name)

\_\_\_\_\_  
(Last Name, First Name)

**Relationship to Student:**  Father  Mother  
 Step-Father  Step-Mother  Grandparent  
 Foster Parent  Foster Parent  Host Family  
 Other \_\_\_\_\_

**Relationship to Student:**  Father  Mother  
 Step-Father  Step-Mother  Grandparent  
 Foster Parent  Foster Parent  Host Family  
 Other \_\_\_\_\_

\_\_\_\_\_  
(Physical Address)

\_\_\_\_\_  
(Physical Address)

\_\_\_\_\_  
(Mailing Address if different)

\_\_\_\_\_  
(Mailing Address if different)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Primary Phone Number)  Cell  Landline

\_\_\_\_\_  
(Primary Phone Number)  Cell  Landline

\_\_\_\_\_  
(Work Phone Number) (Other Phone Number)

\_\_\_\_\_  
(Work Phone Number) (Other Phone Number)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Email Address)

**EMERGENCY CONTACT INFORMATION AUTHORIZED BY PARENT:**

\_\_\_\_\_  
Name Phone Relationship to student: Student Pickup is allowed

\_\_\_\_\_  
Name Phone Relationship to student: Student Pickup is allowed

**LIST OTHER CHILDREN (Youngest to oldest – Birth to Grade 12 - Attach paper if more space is needed):**

Name	Sex	Grade	Date of Birth
_____	_____	_____	___/___/_____
_____	_____	_____	___/___/_____
_____	_____	_____	___/___/_____
_____	_____	_____	___/___/_____

**CHECK IF YOUR CHILD HAS BEEN RECEIVING ANY OF THE FOLLOWING SERVICES:**

- Learning Disability (LD)
- Emotional Behavioral Disability (EBD)
- Developmental Cognitive Disability (DCD)
- Developmental Delay (DD)
- English Language (EL)
- Speech  Title I
- Other, please describe: \_\_\_\_\_

**Signature:**

**Date:**

\_\_\_\_\_  
(Parent, legal representative of student)

\_\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_  
Printed Name