

ASHVILLE HIGH SCHOOL STUDENT ENROLLMENT FORM

PLEASE PRINT

Must be completed by Parent / Legal Guardian

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DATE _____ GRADE LEVEL _____
LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____
DATE OF BIRTH _____ GENDER: (Circle one) FEMALE / MALE HOME PHONE _____
PHYSICAL HOME ADDRESS _____ CITY _____ ZIP _____
MAILING ADDRESS _____ CITY _____ ZIP _____
STUDENT LIVES WITH: (Circle one) PARENTS MOTHER FATHER GUARDIAN (Relation) _____
*SOCIAL SECURITY NUMBER (voluntary) _____

PARENT(S) / GUARDIAN (verification shall be in accordance with local school board policy):

MOTHER / GUARDIAN _____	EMPLOYER _____
Home Address: _____	City _____ Zip _____
Cell phone _____	Daytime phone (____) _____
FATHER / GUARDIAN _____	EMPLOYER _____
Home Address: _____	City _____ Zip _____
Cell phone _____	Daytime phone (____) _____

CUSTODY INFORMATION: (Circle one) JOINT MOTHER FATHER GUARDIAN FOSTER

(Custody information needed by school – Please be specific) _____

List anyone prohibited from checking your child out of school: _____

EMERGENCY CONTACT: (Please list any other numbers you would like, other than your own)			
EMERGENCY CONTACT #1		EMERGENCY CONTACT #2	
Name: _____	_____	Name: _____	_____
Relation _____	Phone _____	Relation _____	Phone _____

If Parent / Guardian **OR** Emergency Contact (listed above) cannot be reached, I hereby authorize the school to act in the best interest of my child should an emergency arise. (Circle one) YES / NO

If "NO" is circled above, what action should be taken in the event of an emergency? _____
Preferred Hospital (if taken by ambulance) _____

I give my permission for the school to render emergency medical assistance if needed and/or contact emergency personnel: YES / NO

PERSONS HAVING PERMISSION TO CHECK MY STUDENT OUT OF SCHOOL (In accordance to school system check-out procedures – DL or Picture ID will be checked)		
1. _____	Relation _____	Phone _____
2. _____	Relation _____	Phone _____
3. _____	Relation _____	Phone _____