

Hellgate Elementary Nonresident Enrollment Form

School Year 2025 - 2026

Student Information

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: _____

25 - 26 Grade Level: _____

Parent/Guardian Information

First Name: _____

Last Name: _____

Email: _____

Phone Number: _____

Street Address: _____

City & Zip Code : _____

Name/District currently enrolled in: _____

Are you a district employee (circle one)? YES NO

Total number of children requesting attendance: _____

Grade Levels: _____

Reason for enrollment with Hellgate Elementary:

Parent/Guardian Signature

Date

Office Use Only

Date Received: _____
