

SECONDARY SCHOOL ENROLLMENT INFORMATION



Yoncalla School District 32

SCHOOL: YONCALLA HIGH SCHOOL	OFFICE USE ONLY		
DATE OF ENTRY: _____	GRADE LEVEL: _____	ALERT FLAG: _____	
OUT OF DISTRICT: _____	DISTRICT NO: _____	STUDENT NO: _____	

BASIC INFORMATION

STUDENT'S LAST NAME		FIRST NAME	MIDDLE NAME	SEX M F Non Binary
STUDENT'S LEGAL NAME (IF DIFFERENT FROM ABOVE)			STUDENT'S SOCIAL SECURITY NO. (OPTIONAL)	
DATE OF BIRTH	CITY/STATE OF BIRTH		CURRENT GRADE LEVEL	
MAILING ADDRESS			APT.NO	HOME PHONE
STREET ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	ZIP CODE	
STUDENT'S PRIMARY LANGUAGE		EMAIL ADDRESS		
ETHNIC ORIGIN (CHECK ONE)	WHITE, NOT OF HISPANIC ORIGIN	BLACK, NOT OF HISPANIC ORIGIN	ASIAN OR PACIFIC ISLANDER	
	HISPANIC	INDIAN, NATAIVE AMERICAN	OTHER _____	

FAMILY INFORMATION

STUDENT LIVES WITH	BOTH PARENTS	MOTHER ONLY	FATHER ONLY
	OTHER NAME _____		
PARENT/GUARDIAN		RELATIONSHIP	
WORKPLACE	CELL OR WORK PHONE NO.	EXT.	
PARENT/GUARDIAN		RELATIONSHIP	
WORKPLACE	CELL OR WORK PHONE NO.	EXT.	

SCHOOL HISTORY

LAST SCHOOL ATTENDED		PREVIOUS GRADE LEVEL	
ADDRESS OF LAST SCHOOL	CITY	STATE	ZIP CODE
OTHER (S) ATTENDED:		DATES ATTENDED:	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

