BETHEL PUBLIC SCHOOLS
LOWER ELEMENTARY ENROLLMENT FORM

Today's Date _____ Office Use: Teacher _____

First _____ Middle _____ Last _____

Preferred Name _____ Grade _____ Age _____

Gender _____ Date of Birth _____ Birthplace _____

Parent/Guardian Email Address _____

Ethnicity (circle all that apply) African American Asian Caucasian Hispanic Native American Pacific Islander

If Native American: Tribe _____ CDIB# _____

Residents: Approximate Distance Student Lives from School _____ miles Bus Number _____

Bus Rider? Yes No If yes (circle correct responses): Everyday Sometimes AM PM Both

Is student a transfer? Yes No If yes: Home District _____

Last School Attended: Name _____ City/State _____

Siblings Currently Attending Bethel _____

Parent/Guardian #1 (with whom STUDENT RESIDES/primary residence) *(list spouse and joint custodial parent below)*

Name _____ Circle One: Dad Mom Grandparent Stepparent Guardian

Physical Address _____ City/State/Zip _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____ Do you live on Indian land? Yes No

Work Place _____ Work Phone _____ Circle One: Government Job Military (if applicable)

Parent/Guardian #2 (with whom STUDENT RESIDES) *(list joint custodial parent below)*

Name _____ Circle One: Dad Mom Grandparent Stepparent Guardian Significant Other

Home Phone _____ Cell Phone _____

Work Place _____ Work Phone _____ Circle One: Government Job Military (if applicable)

Parent/Guardian #3 (IF Applicable – joint custodial parent) Please submit copies of any legal custodial documents.

Name _____ Circle One: Dad Mom

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ Do you live on Indian land? Yes No

Work Place _____ Work Phone _____ Circle One: Government Job Military

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Emergency Contacts: Other than PARENTS (who are called first), list at least three people authorized to be called in case of emergency or to pick up student from school:

Name _____ Relationship to Student _____ Phone _____

Name _____ Relationship to Student _____ Phone _____

Name _____ Relationship to Student _____ Phone _____

NO Contact: List any individual(s) not legally authorized to visit and/or check out student. (Copies of any legal documents should be submitted to the office.)

Name _____ Relationship to Student _____ Phone _____

Name _____ Relationship to Student _____ Phone _____

Medical Information: Parent/Guardian must bring all medications (prescription and non-prescription) to the office and complete a medical authorization form.

Is student taking any medication(s) on a regular basis? Yes No If yes, list name _____

Is student allergic to anything? (medication, food, etc.) Yes No If yes, list and give reaction _____

Does student have any condition the school needs to be aware of? (diabetes, asthma, seizures, etc.) Yes No

If yes, list and describe _____

I HEREBY AUTHORIZE A DESIGNATED SCHOOL EMPLOYEE TO ADMINISTER NON-PRESCRIPTION PAIN RELIEVER PER DOSAGE INSTRUCTIONS ON THE MEDICATION.

Signature _____ Date _____

IN CASE OF AN EMERGENCY, I GIVE PERMISSION FOR A PHYSICAN OR HOSPITAL TO TREAT STUDENTAS DEEMED NECESSARY.

Signature _____ Date _____

Is student currently placed in foster care? Yes No

Has student received any special services at his/her former school? Yes No

If yes, please mark all that apply:

_____ Title 1 Reading (Reading Lab)
_____ Title 1 Math (Math Lab)
_____ Speech/Language
_____ Learning Disabilities
_____ Gifted/Talented
Other _____

Bethel Lower Elementary may screen or gather information on students for health/medical, vision, hearing, sociocultural, developmental, fine motor, gross motor, dyslexia, ADHD, and speech.

I HEREBY GIVE PERMISSION FOR BETHEL LOWER ELEMENTARY TO SCREEN AND/OR GATHER INFORMATION ON MY CHILD FOR THE AREAS MENTIONED ABOVE.

Signature _____ Date _____

IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL, IN WRITNG, OF ANY CHANGES IN INFORMATION.

Signature _____ Date _____