

# Student Enrollment Form (Please print & use a pen)

## **Student Information** *Please Print*

Grade \_\_\_\_\_ Student SS# \_\_\_\_\_ Home Phone \_(\_\_\_\_)\_\_\_\_\_

Cell #\_(\_\_\_\_)\_\_\_\_\_

Student Cell # (\_\_\_\_)\_\_\_\_\_

[illegible]

**Emergency Contact Information (other than parent/guardian)**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Emergency Contact Information and Pick Up Information (other than parent/guardian)**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Student Previous School Information**

Last School Attended \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Grade \_\_\_\_\_ School Year \_\_\_\_\_

Is your child presently under an expulsion order from any other school district? ☐ Y ☐ N

Is your child presently under consideration for expulsion? ☐ Y ☐ N

Is your child presently involved in the Juvenile Justice system? ☐ Y ☐ N

Prior setting \_\_\_\_ PreSchool; \_\_\_\_ HeadStart; \_\_\_\_ Child Care; \_\_\_\_ Home Care; \_\_\_\_ Other (please check one)

**English Language Learner Information**

1. What is the language most frequently spoken at home? \_\_\_\_\_
2. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
3. What Language does your child most frequently speak at home? \_\_\_\_\_
4. What language do you most frequently speak to your child? \_\_\_\_\_

**Special Services Information**

Is your child receiving special education services? ☐ Y ☐ N

Does your child have a current 504 plan? ☐ Y ☐ N Is it in: ☐ Academics ☐ Health

Was your child in any Gifted/Talented Programs? ☐ Y ☐ N Please list: \_\_\_\_\_

Is Mom or Dad military? ☐ Y ☐ N

**Medical Information**

Is your child taking any medications regularly? ☐ Y ☐ N If yes, please list: \_\_\_\_\_

*Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.*

Known Medical Problems: \_\_\_\_\_

Special Medical Instructions: \_\_\_\_\_

If your child has a severe allergy that could result in anaphylactic shock, we must receive a physician statement stating so and a sufficient supply of their prescribed medication to be kept at the school for your child's use in the event of an emergency.

Physician name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(Do not sign this form if any of the statements are incorrect)