

Enrollment Information

Please fill out all information marked with an asterisk.



*Legal First Name: _____

Legal Middle Name: _____

*Legal Last Name: _____

Preferred Name/Nickname: _____

*Is this student Hispanic/Latino? Yes / No

*Student's Race (circle all that apply): Indigenous/American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Other Pacific Islander

White/Caucasian

*Student's Home Address: _____

*Birth Place (City, State, Country): _____

*Has this student ever attended a school outside of the USA? Yes / No

If yes, list the date they first attended a school within the USA: _____

*Does this student have any food allergies/restrictions? Yes / No

*List ALL allergies and reactions, medical conditions and side effects, and/or medications for this student:

***Parent/Guardian 1 Information**

Name: _____

Relationship to Student: _____ Emergency Contact: Yes / No

Address: _____

Cell Phone: _____

Email: _____

Employer: _____

Work Phone: _____

Parent/Guardian 2 Information (if applicable)

Name: _____

Relationship to Student: _____ Emergency Contact: Yes / No

Address: _____

Cell Phone: _____

Email: _____

Employer: _____

Work Phone: _____

Parent/Guardian 3 Information (if applicable)

Name: _____

Relationship to Student: _____ Emergency Contact: Yes / No

Address: _____

Cell Phone: _____

Email: _____

Employer: _____

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

Name: _____

Relationship to Student: _____

Cell Phone: _____

Email: _____

*Parent email addresses and phone numbers will be used to communicate with parents:
daily announcements, weather delays, event cancellations, etc.*