Ashby Public School District No. 0261

Student Enrollment Form

Please Complete All Information Requested Below



Ashby Public School

Student Name _____ ☐ M ☐ F Mars # _____
Last First Middle Sex (Office Use)

Student Address _____
Street City State Zip Po Box

Student Birthday _____ Grade _____ Phone (_____)_____-_____
Month / Day/ Year

Student has a(n) _____☐ IEP _____☐ 504 Plan _____☐ Allergy Plan

Student is living wih: ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian ☐ Other Relative ☐ Mother / Step Father
☐ Father / Step Mother ☐ Foster Parent ☐ Alone ☐ Other (Specify name & relationship) _____

Father's Name _____ Mother's Name _____
Address _____ Address _____
Employer _____ Employer _____
Cell Phone _____ Cell Phone _____
Home Phone _____ Home Phone _____
Email _____ Email _____

Please List All Others Living in Household:

Emergency Contact # 1 (other than parent)

_____ _____
Last First Relationship to Student

Home Phone _____ Cell phone _____ Work Phone _____

Emergency Contact # 2 (other than parent)

_____ _____
Last First Relationship to Student

Home Phone _____ Cell phone _____ Work Phone _____