

STUDENT ENROLLMENT AND INFORMATION FORM (Please Print)



School _____ Starting Date ____/____/____ Starting Grade _____

Child _____
Last Name First Name Middle Name Nickname

Address _____ Phone # (____) _____
Street City / ZIP

Age _____ Date of Birth ____/____/____ Gender: Male Female US Citizen: Yes No

Place of Birth _____ If NOT born in US: Date Entered US: ____/____/____
City State or Country

Date Entered US Schools ____/____/____ in Grade Level _____ First-learned/home language of this child: _____ English

REQUIRED ETHNICITY: Is this student Hispanic/Latino? No Yes

ALSO check one or more of these races:

American Indian/Alaskan Native Asian Black/African-American Native Hawaiian/Other Pacific Islander White

Child Lives With: Both Parents Mother Father Stepmother Stepfather Other _____
Specify Relationship

Relationship (Circle or add)	Full Name	Cell Phone	Work Phone	Email Address	At above Address Yes/ No*
Mother/Guardian					
Father/Guardian					
Other _____					

*If No, other mailing address requested: _____
Address City/State/ZIP

List in order the last two schools this child has attended:

Name of School	Public	City, State	Grade	Start Date	End Date

Other Household Members 21 years of age or younger living at same address as child above:

Last Name	First Name	MI	M/F	Birth Date	Grade	Current School	Ethnicity

Check any of the following that would help the teacher/school better understand your child and provide appropriate learning experiences:

- ADD/ADHD Special Education/Active IEP
- Early Childhood/Speech Limited English Speaking
- Life-threatening allergies/chronic illness/medical condition:
 Describe: _____

Has your child ever been expelled?

No Yes

If Yes, from what School District?

Date: ____/____/____

_____/____/____ I verify that all the above information is complete & accurate.
Parent/Guardian Signature Date

~ REQUIRED VERIFICATIONS - FOR STAFF USE ONLY ~

BIRTH CERTIFICATE (Required for all new enrollments - do NOT copy)

- Full Name verified
- DOB verified

RESIDENCY

Non-Resident: Chapter 220 or Open Enrollment

Resident: Prior to enrolling a child, residency must be proven. Residency is the address at which the family physically resides, keeps their personal affects, receives mail and maintains voter registration. This residency must be a street address. Post office boxes are not accepted. The following home ownership or lease agreement documents must be provided. Falsification of any information or documents relative to this verification procedure may result in the withdrawal of the student.

- Closing Statement OR Mortgage Statement OR Tax Bill **AND** Recent utility bill

OR

Current Rental/Lease Agreement (Does NOT include rented portions of a house or apartment or agreements formulated by relatives or friends) **AND** all of the following:

- Parent/Guardian names on the agreement
- Manager or owner name and telephone number _____
- Lease start date ____/____/____
- Lease termination date ____/____/____
- Cancelled check showing payment or rent for a current period

If the above items have been provided, then residency verification is complete. If not, then provide parent with a copy of the Requirements for Special Living Arrangements form and notify Student Services of this student/family.

Verified By: _____ **Date:** ____/____/____
Signature of District Employee