

STUDENT INFORMATION	STUDENT BIRTH CERTIFICATE NAME - LAST		Jr., III, Etc.	FIRST	MIDDLE	ENTERING GRADE
	STUDENT NICKNAME/PREFERS TO BE CALLED		SPECIAL CUSTODY/HEALTH PROBLEMS WE SHOULD BE AWARE OF:			
	STUDENT STREET ADDRESS			APT/LOT	CITY/STATE/ZIP	
	HOME PHONE	UNLISTED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAILING ADDRESS - IF DIFFERENT, I.E. POST OFFICE BOX			
	ETHNICITY (Choose one) <input type="checkbox"/> HISPANIC <input type="checkbox"/> NOT HISPANIC OR LATINO	RACE (Choose one or more) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	DATE OF BIRTH	BIRTH PLACE - City, State & Country			FOREIGN EXCHANGE STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IS YOUR STUDENT CURRENTLY BEING SERVED IN ANY SPECIAL PROGRAMS? (CHECK ALL THAT APPLY) <input type="checkbox"/> IEP <input type="checkbox"/> 504 PLAN <input type="checkbox"/> FOSTER CARE <input type="checkbox"/> GIFTED/TALENTED					

TRANSIT	CHILD TRAVELS TO SCHOOL BY:
	<input type="checkbox"/> CAR <input type="checkbox"/> WALK <input type="checkbox"/> BIKE <input type="checkbox"/> BUS <input type="checkbox"/> Child Care Name _____ <input type="checkbox"/> Child Care Phone _____

FAMILY INFORMATION	<b>Student lives with:</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Parent and Step Parent <input type="checkbox"/> Other	
	<b>PARENT OR GUARDIAN 1</b> DOB _____ <input type="checkbox"/> PHOTO ID NAME _____ RELATIONSHIP _____ PHONE: HOME _____ <b>WORK</b> _____ <b>CELL</b> _____ SECONDARY ADDRESS _____ <small>(IF DIFFERENT FROM STUDENT)</small> E-MAIL _____	<b>PARENT OR GUARDIAN 2</b> DOB _____ <input type="checkbox"/> PHOTO ID NAME _____ RELATIONSHIP _____ PHONE: HOME _____ <b>WORK</b> _____ <b>CELL</b> _____ SECONDARY ADDRESS _____ <small>(IF DIFFERENT FROM STUDENT)</small> E-MAIL _____

EMERGENCY	<b>Emergency Contacts and Telephone - Other than Parent/Guardian</b>			
	<b>NAME</b> _____    GENDER <input type="checkbox"/> M <input type="checkbox"/> F RELATIONSHIP _____ <input type="checkbox"/> PHOTO ID PHONE: HOME _____ <input type="checkbox"/> CAN CHECK STUDENT OUT OF SCHOOL <b>WORK</b> _____ <b>CELL</b> _____    DOB _____	<b>NAME</b> _____    GENDER <input type="checkbox"/> M <input type="checkbox"/> F RELATIONSHIP _____ <input type="checkbox"/> PHOTO ID PHONE: HOME _____ <input type="checkbox"/> CAN CHECK STUDENT OUT OF SCHOOL <b>WORK</b> _____ <b>CELL</b> _____    DOB _____		

PRIOR SCHOOL	NAME OF LAST SCHOOL or PRE-KINDERGARTEN ATTENDED: _____ City and State _____    Phone and Fax _____	PREVIOUSLY ATTENDED SCHOOL WAS: <input type="checkbox"/> PUBLIC <input type="checkbox"/> CHARTER OR ONLINE <input type="checkbox"/> PRIVATE <input type="checkbox"/> HOMESCHOOL <input type="checkbox"/> PAROCHIAL <input type="checkbox"/> NONE	STUDENT EVER RETAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT GRADE? _____
	IS THE STUDENT CURRENTLY UNDER SUSPENSION FROM ANOTHER SCHOOL DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Students currently suspended from a school may not enroll until suspension has been served. Ask about alternative school options.</small>		

OTHER CHILDREN	<b>Other Children in Family</b>					
	Name	Age	Sex	Name of School	Grade	Date of Birth

SCHOOL USE ONLY	<b>STUDENT #</b> _____ <b>SCHOOL NAME</b> _____
	ENTRY DATE _____    ENTRY CODE _____    TEACHER/TEAM _____    BIRTH VERIFICATION _____
	<input type="checkbox"/> RESIDENCY VERIFICATION <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PHYSICAL <input type="checkbox"/> TRANSFER PAPERS <input type="checkbox"/> ENROLLMENT QUEST. (HOMELESS FORM) <input type="checkbox"/> CUSTODY VERIFICATION <input type="checkbox"/> AGE VERIFICATION <input type="checkbox"/> LANGUAGE SURVEY <input type="checkbox"/> PERMISSIONS FORM <input type="checkbox"/> CUSTODY ALERT <input type="checkbox"/> IMMUNIZATIONS <input type="checkbox"/> HOUSEHOLD SURVEY FORM <input type="checkbox"/> RES AFFID (if applicable)