

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	Student lives with: <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	
	PARENT OR GUARDIAN 1 DOB _____ <input type="checkbox"/> PHOTO ID	PARENT OR GUARDIAN 2 DOB _____ <input type="checkbox"/> PHOTO ID
	NAME _____	NAME _____
	RELATIONSHIP _____	RELATIONSHIP _____
	PHONE: HOME _____	PHONE: HOME _____
	WORK _____	WORK _____
	CELL _____	CELL _____
SECONDARY ADDRESS _____ (IF DIFFERENT FROM STUDENT)		
E-MAIL _____		

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

PRIOR SCHOOL	NAME OF LAST SCHOOL or PRE-KINDERGARTEN ATTENDED:		PREVIOUSLY ATTENDED SCHOOL WAS:	STUDENT EVER RETAINED:
	City and State	Phone and Fax	<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	<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 Students currently suspended from a school may not enroll until suspension has been served. Ask about alternative school options.			

OTHER CHILDREN	Other Children in Family					
	Name	Age	Sex	Name of School	Grade	Date of Birth

SCHOOL USE ONLY	STUDENT # _____		SCHOOL NAME _____			
	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"/> RES AFFID (if applicable)	