

INITIAL STUDENT ENROLLMENT FORM

PART I: STUDENT INFORMATION

If enrolling multiple students, submit a copy of PART I for each student.

STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
GRADE ENTERING	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	STUDENT NICKNAME (if applicable)
RACE & ETHNICITY (Check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multiracial/ Ethnic		FORMER STUDENT OF THIS SCHOOL DISTRICT? (Yes or No)
DATE OF BIRTH	PLACE OF BIRTH (City and State)	MOTHER'S MAIDEN NAME
ADDRESS (Street, City, State, Zip Code)		NUMBER OF NIGHTS SPENT AT THIS ADDRESS EACH WEEK

STUDENT'S PRIOR SCHOOL

SCHOOL DISTRICT NAME	SCHOOL NAME
SCHOOL ADDRESS (City, State, Zip Code)	
DOES THIS STUDENT CURRENTLY RECEIVE SPECIAL EDUCATION SERVICES OR ACCOMMODATIONS? <input type="checkbox"/> Individualized Education Plan <input type="checkbox"/> 504 <input type="checkbox"/> Other	IF YES, INDICATE THE TYPE OF SERVICES CURRENTLY RECEIVED

STUDENT MEDICAL INFORMATION

MEDICAL ALERTS OR CONDITIONS	KNOWN ALLERGIES, MEDICATIONS, ETC.
DOCTOR'S NAME	DOCTOR'S PHONE

HOME LANGUAGE SURVEY

State law requires us to collect a Home Language Survey for each new student. By law, this information is only used to count the students whose families speak a language other than English at home and to identify students who need to be assessed for English language proficiency.

IS A LANGUAGE OTHER THAN ENGLISH SPOKEN IN YOUR HOME? (Yes or No)	IF SO, WHAT LANGUAGE?
DOES YOUR CHILD SPEAK A LANGUAGE OTHER THAN ENGLISH? (Yes or No)	IF SO, WHAT LANGUAGE?



INITIAL STUDENT ENROLLMENT FORM
PART II: PARENT/ GUARDIAN INFORMATION

If enrolling multiple students, you may submit only one copy of PART II. Additional parent/guardian information may be added later.

PARENT/ GUARDIAN #1

LAST NAME	FIRST NAME	SALUTATION (Mr./Mrs./etc.)	RELATIONSHIP TO STUDENT
ADDRESS (Street, City, State, Zip Code)			MARITAL STATUS (Married, Separated, Divorced, Widowed, Single)
CELL PHONE	WORK PHONE	E-MAIL ADDRESS	

PARENT/ GUARDIAN #2

LAST NAME	FIRST NAME	SALUTATION (Mr./Mrs./etc.)	RELATIONSHIP TO STUDENT
ADDRESS (Street, City, State, Zip Code)			MARITAL STATUS (Married, Separated, Divorced, Widowed, Single)
CELL PHONE	WORK PHONE	E-MAIL ADDRESS	

NON-PARENT EMERGENCY CONTACT #1

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
ADDRESS (Street, City, State, Zip Code)		CELL PHONE

AUTHORIZATION

By submitting this enrollment form, I am authorizing the transfer of student records between schools as per the Family Rights and Privacy Act of 1974. I understand that my signature is not required for the purpose of record transfer.

NAME	SIGNATURE	DATE
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