

# 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 Male                      Female	STUDENT NICKNAME (if applicable)
RACE & ETHNICITY (Check all that apply)  American Indian or Alaskan Native      Asian / Pacific Islander      Black or African American  Hispanic      White      Multiracial / Ethnic	FORMER STUDENT OF THIS SCHOOL DISTRICT?  Yes                      No	
DATE OF BIRTH	PLACE OF BIRTH (City and State)	MOTHER'S MAIDEN NAME
ADDRESS (Street, City, State, Zip Code)	HOME PHONE NUMBER WHERE STUDENT RESIDES	NUMBER OF NIGHTS SPENT AT THIS ADDRESS PER 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?  IEP                      504                      Other                      NONE	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 is used to identify students who may need to be assessed for English language proficiency. If the answer to either question is "Yes", state law requires the school to assess your student's English language proficiency and then provide English language services based on their assessment scores.

IS A LANGUAGE OTHER THAN ENGLISH SPOKEN IN YOUR HOME?	Yes                      No	IF SO, WHAT LANGUAGE?
DOES YOUR CHILD SPEAK A LANGUAGE OTHER THAN ENGLISH?	Yes                      No	IF SO, WHAT LANGUAGE?
WAS YOUR CHILD ENROLLED IN A BILINGUAL PROGRAM AT PREVIOUS SCHOOL?	Yes                      No	



**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 ( <i>Married, Separated, Divorced, Widowed, Single</i> )
CELL PHONE	WORK PHONE	E-MAIL ADDRESS - <b>(REQUIRED)</b>	

**PARENT / GUARDIAN #2**

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

**NON-PARENT EMERGENCY CONTACT #1 (REQUIRED)**

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

**AUTHORIZATION (REQUIRED)**

By submitting this enrollment form, I attest to the accuracy of the information given, and if applicable, 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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