



Student Personal Data and Enrollment Information

School Year _____
Grade in School This Year _____

STUDENT INFORMATION

Legal Name _____ Gender _____ Date of Birth ____/____/____
Last First Middle Suffix Male Female Month Day Year
Place of Birth* _____
U.S. State or Country

*If place of birth is outside US, please respond to the following questions:

When did the student enter the US for the first time? _____ Has the student attended one or more schools in the US for more than 3 full years? Y___ N___

Home Address _____ Mailing Address _____
House Number - Street/Road Name PO Box or House # - Street/Road Name or SAME as Home Address

City, State and Zip Code City, State and Zip Code or SAME as Home Address

Does the student... Information about school student last attended...
Have an IEP? Y___ N___ Name, City and State of School _____
Have a 504 Plan? Y___ N___ Date last attended _____
Speak English fluently? Y___ N___ Is student currently expelled or suspended from school? Y___ N___

PARENT/LEGAL GUARDIAN AND CONTACT INFORMATION

Parent/Guardian – Must be verified by birth certificate or other legal document

Name of Parent/Guardian _____ Relationship to Student _____
Street Address _____ City, State, Zip _____ Email Address _____
Lives with Student? Y___ N___ Receive School Mailings? Y___ N___ Home Language _____
Home Phone _____ Work Phone _____ Cell Phone _____ Interpreter Needed? Y___ N___
Employer's Name _____

Name of Parent/Guardian _____ Relationship to Student _____
Street Address _____ City, State, Zip _____ Email Address _____
Lives with Student? Y___ N___ Receive School Mailings? Y___ N___ Home Language _____
Home Phone _____ Work Phone _____ Cell Phone _____ Interpreter Needed? Y___ N___
Employer's Name _____

Additional Emergency Contacts – Please provide contact information for people willing to be called to come to school in the event of an emergency involving your child or if s/he is sick and we are unable to contact you.

Emergency Contact 1

Emergency Contact 2

Emergency Contact 3

Name of Contact & Relationship to Student

Address

Home Phone

Work Phone

Cell Phone

Name of Contact & Relationship to Student

Address

Home Phone

Work Phone

Cell Phone

Name of Contact & Relationship to Student

Address

Home Phone

Work Phone

Cell Phone

Emergency Medical Contact – Will call only if needed

Name of Doctor _____ Business/Office Phone Number _____
Office Address _____

Please see the Student Handbook for information regarding the student publicity permission procedure and process for choosing to opt out of having your student to participate in publicity opportunities.

SIBLING INFORMATION

Please list below the names, birthdates and applicable school information for brothers and sisters.

Name of Sibling _____	Date of Birth _____	School Attending _____	Grade _____
Name of Sibling _____	Date of Birth _____	School Attending _____	Grade _____
Name of Sibling _____	Date of Birth _____	School Attending _____	Grade _____
Name of Sibling _____	Date of Birth _____	School Attending _____	Grade _____
Name of Sibling _____	Date of Birth _____	School Attending _____	Grade _____

TRANSPORTATION INFORMATION

Please provide transportation information for travel both to and from school.

Pick-Up Address (to school)	Drop-Off Address (from school)
Travel by... School Bus _____ Parents _____ Walker _____ Please provide daycare information if the bus pick-up location is not the student's home address. _____ <small>Name of Daycare Provider</small> _____ <small>Street Address</small> _____ <small>City, State and Zip Code</small> _____ <small>Phone</small> _____	Travel by... School Bus _____ Parents _____ Walker _____ Please provide daycare information if the bus drop-off location is not the student's home address. _____ <small>Name of Daycare Provider</small> _____ <small>Street Address</small> _____ <small>City, State and Zip Code</small> _____ <small>Phone</small> _____

RELEASE OF INFORMATION TO MILITARY RECRUITERS

(This section is to be completed by parents/guardians of high school students and/or high school students age 18 and older.)

Federal Law requires that the school system provide on request to military recruiters student names, addresses, and telephone listings unless parents/guardians (or the student if age 18 or older) **opt out** of having information provided to military recruiters. The school will report a list of students whose names will not be provided to military recruiters to the Board of Education twice each year.

- *Students over 18 and parents/guardians of a high school student who does not want to be opted out of having information provided to military recruiters should leave the box below blank.*
- *Students over 18 and parents/guardians of a high school student who wishes to opt out of having the student's name, address and phone listing provide to military recruiters should check the box below.*

Do not release contact information (opt out).

Student's Name (Please print.) _____

Printed Name of Parent/Guardian or Student (if age 18 or older) _____

Signature of Parent/Guardian or Student (if age 18 or older) _____

Signature Required

I verify with my signature that all of the information provided on this form is true and accurate.

Printed Name _____ Signature _____ Date _____