



# 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 \_\_\_\_\_