



STUDENT ENROLLMENT FORM

2020-2021

STUDENT NAME: _____
(First, Middle, Last)

CURRENT GRADE LEVEL: _____ **GENDER:** MALE FEMALE

ETHNICITY: _____

ADDRESS: _____

STUDENTS DATE OF BIRTH: _____

STUDENTS SOCIAL SECURITY NUMBER: _____

DOES YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES (IEP): YES NO

PARENT CONTACT INFORMATION

Mother/Guardian Name: _____

Mother/Guardian Email: _____

Mother/Guardian Phone: _____

Street Address: _____

Home Phone and/or Cell Phone: _____

Father/Guardian Name: _____

Father/Guardian Email: _____

Street Address: _____

Home Phone and/or Cell Phone: _____

PREVIOUS ENROLLMENTS

School Name: _____

City/State: _____

Last Grade Completed: _____

Teacher/Homeroom Teacher Name: _____

School Name: _____

City/State: _____

Last Grade Completed: _____

Teacher/Homeroom Teacher Name: _____

School Name: _____

City/State: _____

Last Grade Completed: _____

Teacher/Homeroom Teacher Name: _____

EMERGENCY CONTACT INFORMATION

(Who may pick up your child other than you!)

PLEASE NOTE THAT ANY PERSON PICKING UP YOUR CHILD FROM SCHOOL MUST HAVE A PHOTO ID.

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

MEDICAL INFORMATION

My child receives regular care for the following medical condition(s):

(please list any regularly taken medications and dosages)

ALLERGIES/ALLERGIC TO: _____

(include food allergies)

Do allergies require Epinephrine? YES NO

(Epi-Pen)

Does your child have: ASTHMA SEIZURES DIABETES (is insulin required) YES NO

NO MEDICAL CONDITIONS

Do we have permission to give over the counter medicines to your child? YES NO

(such as Tylenol, cough drops, etc.)

In the event of a medical emergency, I give my permission for my child to be taken to the nearest emergency facility. I give my consent for school personnel to take appropriate action for the safety and welfare of my child.

PARENT SIGNATURE / DATE