2011-2012 USD 307

7-12 ENROLLMENT INFORMATION FORM

OFFICE USE
District:
Date Entered:
Teacher:

STUDENT INFORMATION

NEW FAMILY TO THE DISTRICT? YES ❑ NO ❑

Last Name:	First Name:	Middle Initial:	2011-2012 Grade:
Preferred or Nickname:	Home Phone:		Gender: Male ❑ Female ❑
Street Address:	City:		Zip:
Date Of Birth:	Birthplace:	Primary Language Spoken In Home:	

Last School Attended:

RACE AND ETHNICITY: (BOTH PART A AND B OF THE QUESTION MUST BE ANSWERED.)

Part A: **Is this student Hispanic/Latino?** *(Choose only one)*

- ❑ No, not Hispanic/Latino
- ❑ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: **What is the student's race?** *(Choose one or more)*

- ❑ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.)
- ❑ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- ❑ **Black or African American** (A person having origins in any of the black racial groups of Africa.)
- ❑ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ❑ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

PARENT/GUARDIAN INFORMATION - STUDENT'S RESIDENCE

(Check One) Mother ❑ Step-Mother ❑ Foster Mother ❑ Sister ❑ Aunt ❑ Grandmother ❑ Other ❑

Name:	Address:	Phone:	Employer:	Work Phone:
Home e-mail address:		Cell Phone:		
Work Hours: From: am/pm To: am/pm		May Child Be Released To This Person? Yes ❑ No ❑		

(Check One) Father ❑ Step-Father ❑ Foster Father ❑ Brother ❑ Uncle ❑ Grandfather ❑ Other ❑

Name:	Address:	Phone:	Employer:	Work Phone:
Home e-mail address:		Cell Phone:		
Work Hours: From: am/pm To: am/pm		May Child Be Released To This Person? Yes ❑ No ❑		

EMERGENCY INFORMATION

IN CASE OF EMERGENCY, WE WILL ATTEMPT TO CONTACT PARENT/GUARDIAN FIRST. IN THE EVENT WE CANNOT DO THIS, PLEASE PROVIDE THE NAME OF A RELATIVE OR CLOSE FRIEND THAT WE MAY CONTACT:

Primary Contact:	Phone:	Address:	Relationship:
			May Child Be Released To This Person? Yes ❑ No ❑
Secondary Contact:	Phone:	Address:	Relationship:
			May Child Be Released To This Person? Yes ❑ No ❑

TURN OVER TO COMPLETE AND SIGN FORM ➔

LIST NAMES & GRADES OF OTHER CHILDREN LIVING IN THE HOME

(1)	Grade/Age:	(2)	Grade/Age:
(3)	Grade/Age:	(4)	Grade/Age:

Non-Custodial Parent(s):	Phone:	Address:	Relationship:
Employer:	Work Hours: From: am/pm To: am/pm		Work Phone:
Have Custodial Rights Been Severed? Yes ❑ No ❑ If Yes, Legal Documentation Is Required.		May Child Be Released To This Person? Yes ❑ No ❑	

MEDICAL INFORMATION

Student's Physician:	Phone:	Does Your Child Wear Eye Glasses? Yes ❑ No ❑
Health Or Physical Problems:	List Medication Taken:	

TRANSPORTATION INFORMATION

Will Student Normally Be Riding The Bus To School? Yes ❑ No ❑ Is the pick-up at your students' residence? Yes ❑ No ❑
If not, please explain below.

Will Student Normally Be Riding the Bus From School? Yes ❑ No ❑ Is the drop-off at your students' residence? Yes ❑ No ❑
If not, please explain below.

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_____

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_____ _____
Parent/Guardian Signature Date