

2016-2017 USD 307

GRADES 7-12

ENROLLMENT INFORMATION FORM

OFFICE USE	
Enrollment Fees Paid _____	Lunch Status _____
Date Entered _____	Assigned District _____
Teacher _____	

STUDENT INFORMATION

NEW FAMILY TO THE DISTRICT? YES ☐ NO ☐

Last Name:	First Name:	Middle Initial:	2016-2017 Grade:
Preferred or Nickname:	Home Phone:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Street Address:	City:	Zip:	
Date Of Birth:	Birthplace:	Primary Language Spoken In Home:	

Did Student Attend Pre-School? Yes <input type="checkbox"/> No <input type="checkbox"/>	Last School Attended:
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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 <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster Mother <input type="checkbox"/> Sister <input type="checkbox"/> Aunt <input type="checkbox"/> Grandmother <input type="checkbox"/> Other <input type="checkbox"/>				
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 <input type="checkbox"/> No <input type="checkbox"/>		

(Check One) Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster Father <input type="checkbox"/> Brother <input type="checkbox"/> Uncle <input type="checkbox"/> Grandfather <input type="checkbox"/> Other <input type="checkbox"/>				
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 <input type="checkbox"/> No <input type="checkbox"/>		

TURN OVER TO COMPLETE AND SIGN FORM ➔

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 <input type="checkbox"/> No <input type="checkbox"/>
Secondary Contact:	Phone:	Address:	Relationship:
			May Child Be Released To This Person? Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/> If Yes, Legal Documentation Is Required.		May Child Be Released To This Person? Yes <input type="checkbox"/> No <input type="checkbox"/>	

HAS YOUR FAMILY MOVED IN THE LAST 3 YEARS?

☐ YES ☐ NO

HAS ANYONE IN YOUR FAMILY WORKED IN AGRICULTURE?

☐ YES ☐ NO

MEDICAL INFORMATION

Student's Physician:	Phone:	Does Your Child Wear Eye Glasses? Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Or Physical Problems:	List Medication Taken:	

TRANSPORTATION INFORMATION

Will Student Normally Be Riding The Bus <u>To</u> School? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the <u>pick-up</u> at your students' residence? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, please explain below.
Will Student Normally Be Riding the Bus <u>From</u> School? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the <u>drop-off</u> at your students' residence? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, please explain below.
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Parent/Guardian Signature

Date