



ABC School
1234 Main Street
City, State 12332

School District NEW Student Enrollment Information

Student's **Legal Name:** _____
(Last name) (First name) (Full Middle Name) (Nick name)

Grade: _____ Gender: _____ Birth Date: _____ Birth Place: _____

The primary racial category which most clearly reflects the student's recognition of his/her community or with which the student most identifies.

Primary Ethnic Origin (select one):	American Indian/Alaskan Native	Refuse to Designate
	Hispanic or Latino	Asian
	Black or African American	Caucasian
		Native Hawaiian or other Pacific Islander
Secondary Ethnic Origin:	American Indian/Alaskan Native	Asian
	Hispanic or Latino	Caucasian
	Black or African American	Native Hawaiian or other Pacific Islander

Mailing Address: _____
(street) (city) (zip)

Street Address: _____
(street) (city) (zip)

Brief description of WHERE you live (neighborhood name): _____

Home Telephone #: _____ Unlisted: Y N

Student's Car Tag (H.S. only): _____ Student's Year/Model of Car: _____

To Parent/Guardian: To serve your child in case of ACCIDENT or SUDDEN ILLNESS it is necessary that you furnish the following information:

Father's Name & Mailing Address: _____
(name) (street) (city) (state) (zip)

Father's phone numbers: _____
(home) (work) (cell)

Father's Employer: _____ Father's Email address: _____

Receive mailings: Y N Contact with student: Y N Student lives with father: Y N

Mother's Name & Mailing Address: _____
(name) (street) (city) (state) (zip)

Mother's phone numbers: _____
(home) (work) (cell)

Mother's Employer: _____ Mother's Email address: _____

Receive mailings: Y N Contact with student: Y N Student lives with mother: Y N

Step-Father's Name & Mailing Address: _____
(name) (street) (city) (state) (zip)

Phone numbers: _____
(home) (work) (cell)

Employer: _____ Email address: _____

Receive mailings: Y N Contact with student: Y N Student lives with step-father: Y N

Step-Mother's Name & Mailing Address: _____
(name) (street) (city) (state) (zip)

Phone numbers: _____
(home) (work) (cell)

Employer: _____ Email address: _____

Receive mailings: Y N Contact with student: Y N Student lives with step-mother: Y N

Guardian's Name & Mailing Address: _____
(name) (street) (city) (state) (zip)

Phone numbers: _____
(home) (work) (cell)

Employer: _____ Email address: _____

Receive mailings: Y N Contact with student: Y N Student lives with guardian: Y N

Non-Custodial parent may have access to student info unless prohibited by court. If access is prohibited by court, the school must have a copy of legal document(s).

Emergency Contact Information (used only if parent is not available)

1st Emergency Contact Name: _____ Relationship to Student: _____

Phone numbers: _____
(home) (work) (cell)

2nd Emergency Contact Name: _____ Relationship to Student: _____

Phone numbers: _____
(home) (work) (cell)

3rd Emergency Contact Name: _____ Relationship to Student: _____

Phone numbers: _____
(home) (work) (cell)

