



Student Enrollment Form

STUDENT INFORMATION

Name (Last, First MI)			Social Security Number		
Home Address			Date of Birth	Place of Birth	
City	State	Zip Code	Last School Attended		Homeschooled <input type="checkbox"/>
Home Phone ()			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Grade Entering		
Student Lives With (Check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Parents					
<input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other (Please Specify) _____					
Race/Ethnic Background <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (White)					
<input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander or Asian					

FAMILY INFORMATION

Name: Mother/Guardian			Name: Father/Guardian		
Home Address			Home Address		
City	State	Zip Code	City	State	Zip Code
Home Phone ()			Home Phone ()		
Mobile/Pager ()			Mobile/Pager ()		
Social Security Number			Social Security Number		
Employer			Employer		
Employer Address			Employer Address		
Business Phone ()			Business Phone ()		
Email Address			Email Address		

OTHERS LIVING IN THE HOME

Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____
Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____

EMERGENCY CONTACT INFORMATION

In case of an emergency or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name _____	Relationship _____	Address _____
Home Phone () _____	Work Phone () _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone () _____	Work Phone () _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone () _____	Work Phone () _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone () _____	Work Phone () _____	City _____ State _____ Zip Code _____

I hereby permit the school to release my child to the above named person(s) upon my written or telephoned request.

Parent/Guardian Signature  _____ Date _____

The following person(s) may **NOT** remove my child from the school.

Name _____	Custody Papers on File	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____			
Name _____			

HOW DID YOU HEAR ABOUT THE SCHOOL

Direct Mail Newspaper Flyer Internet Passing By
 Magazine Word of Mouth Yellow Pages Other (Please Specify) _____