



Student Enrollment Form

Student Information			
Enrollment Year – School Year Beginning July 20_____ (year)			
Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name	Jr., Sr., III, etc.
Name Student Goes By	Gender – Circle Male or Female	Date of Birth / /	Grade Student Entering
Phone Number - Cell	Lives With <input type="radio"/> Adult Other Than Guardian <input type="radio"/> Both Parents <input type="radio"/> Other <input type="radio"/> Parents – Joint Custody <input type="radio"/> Single Parent <input type="radio"/> Youth In Care	Does the student currently have at least one parent who is a member of the Armed Forces on active duty? <input type="radio"/> Yes <input type="radio"/> No If "Yes," list the parent/s: _____	
Language Spoken at Home <input type="radio"/> English <input type="radio"/> Spanish Other: _____	Send Mailings In <input type="radio"/> English <input type="radio"/> Spanish		
Previous School Attended	Is the student on or being considered for a long-term suspension (11+ days) or expulsion? <input type="radio"/> Yes <input type="radio"/> No		
<i>The following information is used to report information to the Office of Civil Rights and State Attendance Records, but not used in enrollment decisions.</i>			
Ethnicity <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Latino	Race <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian	<input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White	
Family/Guardian Information			
<i>Please provide information about the person you want listed as the primary parent for your child.</i>			
Parent's Legal First Name	Parent's Legal Last Name	Parent's Legal Middle Name	Jr., Sr., III, etc.
Phone Number - Work	Phone Number - Cell	Phone Number - Home	
Email Address – Will be used for school communication and to access the Student 360 Portal (Student Records, Grades, Attendance, etc.)			
Street Address	City	State	Zip Code
Relationship to Student <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other: _____	Student Lives With <input type="radio"/> Yes <input type="radio"/> No Call in an Emergency <input type="radio"/> Yes <input type="radio"/> No	Marital Status <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed <input type="radio"/> Single	
If separated/divorced, who has legal custody? <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Joint Custody <input type="radio"/> Other: _____	Does the non-custodial parent have restricted visitation rights? <input type="radio"/> Yes (If yes, a copy of the legal papers must be provided.) <input type="radio"/> No		

<i>Please provide information about the person you want listed as the secondary parent for your child.</i>			
Parent's Legal First Name	Parent's Legal Last Name	Parent's Legal Middle Name	Jr., Sr., III, etc.
Phone Number - Work	Phone Number - Cell	Phone Number - Home	
Email Address – Will be used for school communication and to access the Student 360 Portal (Student Records, Grades, Attendance, etc.)			
Street Address	City	State	Zip Code
Relationship to Student <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other: _____	Student Lives With <input type="radio"/> Yes <input type="radio"/> No	Marital Status <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed <input type="radio"/> Single	
	Call in an Emergency <input type="radio"/> Yes <input type="radio"/> No		
Emergency Contacts			
<i>Please provide information about any additional people you would like to have as emergency contacts for your student.</i>			
<i>Contacts will be called in the order in which they are listed.</i>			
Emergency Contact One			
First Name	Last Name	Middle Name	Jr., Sr., III, etc.
Phone Number - Work	Phone Number – Cell or Home	Relationship of Contact to Student	
Street Address	City	State	Zip Code
Student May Leave with This Person <input type="radio"/> Yes <input type="radio"/> No	Comments		
Emergency Contact Two			
First Name	Last Name	Middle Name	Jr., Sr., III, etc.
Phone Number - Work	Phone Number – Cell or Home	Relationship of Contact to Student	
Street Address	City	State	Zip Code
Student May Leave with This Person <input type="radio"/> Yes <input type="radio"/> No	Comments		

Providing false information on this form may result in the application being denied or admission being revoked.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date Signed