

ENROLLMENT DATE _____

STUDENT NAME _____ SEX: M F
 LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER (OPTIONAL) _____

STUDENT'S STREET ADDRESS _____ CITY _____ ZIP _____

STUDENT'S MAILING ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ DAD'S CELL PHONE _____ MOM'S CELL PHONE _____

SCHOOL DISTRICT OF RESIDENCE _____

DATE OF BIRTH _____ PLACE OF BIRTH (COUNTY & STATE) _____

STUDENT'S RACE: _____ WHITE (NON-HISPANIC) _____ BLACK (NON-HISPANIC) _____ HISPANIC _____ ASIAN/PACIFIC ISLANDER
 _____ AMERICAN INDIAN/ALASKAN NATIVE _____ OTHER

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS THAT REQUIRE ACCOMMODATIONS AT SCHOOL? Y N IF YES, WHAT NEEDS?

WHAT IS THE LANGUAGE MOST FREQUENTLY SPOKEN AT HOME? _____

WHICH LANGUAGE DID YOUR CHILD LEARN WHEN HE/SHE FIRST BEGAN TO TALK? _____

WHAT LANGUAGE DOES YOUR CHILD MOST FREQUENTLY SPEAK AT HOME? _____

WHAT LANGUAGE DO YOU MOST FREQUENTLY SPEAK TO YOUR CHILD? _____

FATHER'S NAME _____ LIVING _____ DECEASED _____
 LAST FIRST MIDDLE

STREET ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ EMPLOYER _____ WORK PHONE _____

FATHER'S NATIONALITY _____

MOTHER'S NAME _____ LIVING _____ DECEASED _____
 LAST FIRST MAIDEN

STREET ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ EMPLOYER _____ WORK PHONE _____

MOTHER'S NATIONALITY _____

ARE PARENTS MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED _____ SINGLE _____

NAME OF STEPFATHER (IF APPLICABLE) _____

NAME OF STEPMOTHER (IF APPLICABLE) _____

IF STUDENT DOES NOT LIVE WITH PARENTS, PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT THE PERSON(S) THE STUDENT LIVES WITH

NAME _____ RELATIONSHIP _____

STREET ADDRESS _____ CITY _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ZIP _____

PHONE _____ DOES PERSON(S) HAVE LEGAL GUARDIANSHIP/CUSTODY PAPERS? Yes _____ No _____

NAME & ADDRESS OF LAST SCHOOL ATTENDED _____

INFORMATION ON OTHER CHILDREN LIVING IN THE SAME HOUSE (USE BACK OF SHEET IF ADDITIONAL SPACE IS NEEDED)

FIRST & LAST NAME	BIRTH DATE	SCHOOL ATTENDING	GRADE	RELATIONSHIP TO STUDENT
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STUDENT WILL RIDE BUS BOTH WAYS _____ TO SCHOOL ONLY _____ FROM SCHOOL ONLY _____ WILL NOT RIDE BUS _____

GENERAL INFORMATION	PARENTAL STATUS (CHECK ONE) <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> FOSTER <input type="checkbox"/> GRANDPARENTS <input type="checkbox"/> OTHER	NUMBER IN FAMILY
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NUMBER OF CHILDREN	BY AGE 0-3 _____ 4-5 _____	NUMBER IN HOUSEHOLD
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INCOME SUPPORT: TANF: Yes No SSI: Yes No WIC: Yes No

FAMILY INCOME

FAMILY MEMBER	DATE	SOURCE	AMOUNT	PER
TOTAL YEARLY INCOME OF FAMILY				

For Office Use Only: _____ Income _____ Disability _____ KSI