

Enrollment and Census Form -one form per child

Student Information:

| |
|---------------------------------|
| Office Use: Entrance Date _____ |
|---------------------------------|

| | | | |
|--|------------------|--------|---------------------|
| First, MI, Last Name- Please Print | Grade | M/F | Birthdate |
| Does Student have an IEP? <u>YES/NO</u> If YES-Specify _____ | | | |
| Distance to School in Miles _____ | | | |
| YES/NO | | | |
| US Citizens (circle one) | Birthplace: City | State | County |
| | | | Home Phone |
| Primary Household: Address | | State | Zip |
| | | | Student Cell Number |
| Village/Township | | County | |

| | |
|---|---|
| Check ALL that APPLY | Is Student Hispanic or Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> White (non-Hispanic) | |

| | |
|--|--|
| <input type="checkbox"/> Primary Contact <input type="checkbox"/> Receive Mailings | |
| Mother/Guardian | <input type="checkbox"/> Same as above |
| | |
| Name | |
| | |
| Address | |
| | |
| City | State Zip |
| | |
| Home Phone | Cell Phone |
| | |
| Work Phone | |
| | |
| Email | |
| | |
| Nearest Neighbor | |

| | |
|--|--|
| <input type="checkbox"/> Primary Contact <input type="checkbox"/> Receive Mailings | |
| Father/Guardian | <input type="checkbox"/> Same as above |
| | |
| Name | |
| | |
| Address | |
| | |
| City | State Zip |
| | |
| Home Phone | Cell Phone |
| | |
| Work Phone | |
| | |
| Email | |
| | |
| Nearest Neighbor | |

| |
|--|
| Parents Are: |
| <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed |

| |
|---|
| Emergency Contact Information- |
| (Other than parent/guardian) |
| NAME/S, PHONE & RELATIONSHIP |
| |
| |
| |
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| |

When Emergency Treatment is required and the parents cannot be reached, I grant permission for my child to be given immediate treatment by a physician at the preferred hospital if possible, or the closest medical facility, if the preferred is not available.

| | | |
|---------------------------|---------------------|--------------|
| Parent/Guardian Signature | Hospital Preference | Phone Number |
|---------------------------|---------------------|--------------|

| | |
|---|---------------------|
| Unusual Health Condition-Please Specify | Special Instruction |
|---|---------------------|

Allergies or Other Information we should be aware of –Please be specific

Census Information

All Children in Household

Birth to 5 Years Old-Not Enrolled in School

First Name, MI, Last Name-Please Print

M/F Age Birthdate Birthplace: City, County, State

Parent(s) ____ Check if same as on front

Check ALL that APPLY- Is the Child:

___ Yes ___ No US Citizen?

___ Yes ___ No Hispanic or Latino?

___ American Indian or Alaska Native ___ Asian

___ Native Hawaiian or Other Pacific Islander ___ African American

___ White (non-Hispanic)

First Name, MI, Last Name-Please Print

M/F Age Birthdate Birthplace: City, County, State

Parent(s) ____ Check if same as on front

Check ALL that APPLY- Is the Child:

___ Yes ___ No US Citizen?

___ Yes ___ No Hispanic or Latino?

___ American Indian or Alaska Native ___ Asian

___ Native Hawaiian or Other Pacific Islander ___ African American

___ White (non-Hispanic)

First Name, MI, Last Name-Please Print

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First Name, MI, Last Name-Please Print

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