

Enrollment Form

SECTION I - STUDENT INFORMATION (Please Print or Type in All Entries)

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| 1a. STUDENT NAME (as it appears on birth certificate) - Ex.: Mary Jane Doe | | b. GRADE | c. DATE OF ENTRY |
| d. SEX (M or F) | e. DATE OF BIRTH (mm/dd/yy) | f. CITIZENSHIP | g. LANGUAGE - Predominate language used at home? |

SECTION II - SCREENING FOR SPECIAL SERVICES

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| 2a. Are there any special health problems which the school should know? Explain, if yes. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Does your child have a health problem that requires medication? Explain, if yes. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Has your child previously received therapy for speech or language development? Explain, if yes. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Has your child previously been enrolled in any type of special education program or service? Explain, if yes. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Do you suspect that your child may need some type of assistance with school? Explain, if yes. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

SECTION III - CURRENT SCHOOL INFORMATION

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| 3a. NAME | b. CONTACT (Email) | c. CALENDAR YEAR (Ex. Aug-Jun; Mar-Dec) | d. LANGUAGE OF INSTRUCTION English <input type="checkbox"/> Spanish <input type="checkbox"/> Bilingual <input type="checkbox"/> Other <input type="checkbox"/> |
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SECTION IV - SPONSOR INFORMATION

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| SPONSOR | | RESIDENTIAL ADDRESS | |
| HOME TELEPHONE | CELL PHONE | E-MAIL ADDRESS: Primary (P) <input type="checkbox"/> Secondary (S) <input type="checkbox"/> | |
| EMPLOYER/WORK SECTION | OFFICE TELEPHONE | FEES PAID BY EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| GUARDIAN INFORMATION | | RESIDENTIAL ADDRESS | |
| HOME TELEPHONE | CELL PHONE | E-MAIL ADDRESS: Primary (P) <input type="checkbox"/> Secondary (S) <input type="checkbox"/> | |
| EMPLOYER | OFFICE TELEPHONE | FEES PAID BY EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

SECTION V - EMERGENCY CONTACT INFORMATION (other than above)

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| 5. EMERGENCY CONTACT NAME(S): | OFFICE TELEPHONE | HOME TELEPHONE | CELLULAR NUMBER |
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SECTION VI - CONSENT

I give permission for my child(ren) to receive first aid at school and any emergency treatment considered necessary at the dispensary, with the following exceptions noted below.

I understand that I have the right to review my child(ren)'s records and that a copy of the school and health records will be released to the next school (exclusive of colleges and universities) he/she/they attend(s) without further approval.

I verify the information is correct or has been corrected.

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| SIGNATURE OF GUARDIAN/PARENT | |
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