

Student Name: _____ Date of Birth: _____

Student Enrollment Form

1. Student Information

Last name	First name	Middle name	Nickname/Alias	
Home address	Apt./ Unit	City	State	Zip code
Home phone	Cell phone	E-mail address		
Date of birth	Sex			
<input type="text"/>	Male			
	Female			

2. Language and Ethnicity

Student native language	Primary home language
Additional home languages	
Student race	Student ethnicity
	Hispanic/Latino
	Non-Hispanic/Latino

3. Parent/Guardian Information (required)

Last name

First name

Middle name

Home address

Apt./
Unit

City

State

Zip
code

Home phone

Cell phone

Work phone

Preferred method of
contact:

Home phone

Cell phone

Work phone

Home e-mail address

Work e-mail address

Preferred method of
contact:

Home e-mail

Work e-mail

Highest level of
education
completed

High school graduate/
GED

Some college

College graduate

Graduate school/post
graduate training

Other

Does the
student live
with this
parent/
guardian?

Yes

No

Relationship
to student

Occupation

Employer

Is this parent/guardian connected to the
military?

Yes

No

If so, with which branch and in what
capacity?

4. Additional Parent/Guardian Information (optional)

Last name	First name	Middle name		
Home address	Apt./ Unit	City	State	Zip code
Home phone	Cell phone	Work phone	Preferred method of contact: Home phone Cell phone Work phone	
Home e-mail address	Work e-mail address		Preferred method of contact: Home e-mail Work e-mail	
Highest level of education completed	High school graduate/ GED Some college College graduate Graduate school/post graduate training Other	Does the student live with this parent/ guardian? Yes No	Relationship to student	
Occupation		Employer		
Is this parent/guardian connected to the military? Yes No		If so, with which branch and in what capacity?		

5. Additional Parent/Guardian Information (optional)

Last name	First name	Middle name		
Home address	Apt./ Unit	City	State	Zip code
Home phone	Cell phone	Work phone	Preferred method of contact: Home phone Cell phone Work phone	
Home e-mail address	Work e-mail address		Preferred method of contact: Home e-mail Work e-mail	
Highest level of education completed	High school graduate/ GED Some college College graduate Graduate school/post graduate training Other	Does the student live with this parent/ guardian? Yes No	Relationship to student	
Occupation		Employer		
Is this parent/guardian connected to the military? Yes No			If so, with which branch and in what capacity?	

6. Additional Parent/Guardian Information (optional)

Last name	First name	Middle name		
Home address	Apt./ Unit	City	State	Zip code
Home phone	Cell phone	Work phone	Preferred method of contact: Home phone Cell phone Work phone	
Home e-mail address	Work e-mail address		Preferred method of contact: Home e-mail Work e-mail	
Highest level of education completed	High school graduate/ GED Some college College graduate Graduate school/post graduate training Other	Does the student live with this parent/ guardian? Yes No	Relationship to student	
Occupation		Employer		
Is this parent/guardian connected to the military? Yes No		If so, with which branch and in what capacity?		

7. Student Education Information

Check all special service plans the student had at his/her prior school.

- Individualized Education Program (IEP)
- 504 Plan
- Gifted and talented plan
- Other

Describe any other difficulties the student may have attending school or learning.

Previous school name	City/State	Dates attended	Grade levels
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Previous school name	City/State	Dates attended	Grade levels
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Previous school name	City/State	Dates attended	Grade levels
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Describe any other information pertinent to the student's education.

8. Emergency Contact Information (in addition to parents/guardians)

Last name	First name	Relationship to student		
Home address	Apt./ Unit	City	State	Zip code
Home phone	Cell phone	Work phone	Preferred method of contact: Home phone Cell phone Work phone	
Home e-mail address	Work e-mail address	Preferred method of contact: Home e-mail Work e-mail		

9. Emergency Contact Information (in addition to parents/guardians)

Last name	First name	Relationship to student		
Home address	Apt./ Unit	City	State	Zip code
Home phone	Cell phone	Work phone	Preferred method of contact: Home phone Cell phone Work phone	
Home e-mail address	Work e-mail address	Preferred method of contact: Home e-mail Work e-mail		