

COLLEGE SCHOOL DISTRICT

ENROLLMENT FORM

School _____ Teacher _____ Grade: _____ Area No. Entry Date: _____ Permanent ID# _____
 (Office Use Only)

Student's Name: _____ Sex: M F Birthdate: ___/___/___ Grade: TK K 1 2 3 4 5 6 7 8
 (Circle current grade)

Home Address: _____ Phone (____) _____ Birthplace: _____

Mailing Address: (if different) _____ P. O. Box: _____ Social Security # _____

Last School Attended: _____ School _____ Address _____ City _____ State _____ Zip _____

Was student previously enrolled in this District? Y or N If yes, what year? _____ What School? _____ What grade? _____

PARENT AND/OR GUARDIAN INFORMATION OCCUPATION /EMPLOYER BUSINESS PHONE

Father _____ last _____ First _____ Occupation _____ Employer _____ Phone _____

Mother _____ last _____ First _____ Occupation _____ Employer _____ Phone _____

Guardian _____ last _____ First _____ Occupation _____ Employer _____ Phone _____

Other adults living in your home _____ Relationship _____

PARENT EDUCATION LEVEL (circle one)

Father: Not a High School Graduate High School Graduate Some College College Grad Post Graduate
 Mother: Not a High School Graduate High School Graduate Some College College Grad Post Graduate

STUDENT LIVING WITH (Please check one)

Both Parents
 Father Only
 Mother Only
 Father & Stepmother
 Father & Other
 Mother & Stepfather
 Mother & Other
 Foster Parents
 Legal Guardian (Relationship): _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one)
 Hispanic or Latino No Yes

WHAT IS YOUR CHILD'S RACE?
 American Indian or Alaskan
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

Please mark one or more of the above to indicate what you consider your race to be.

In the last two years has your student been in any of the following programs?
 (Check all that pertain to your student)

Resource Specialist Gifted and Talented
 Special Day Class Counseling
 Speech Adaptive P. E.
 Other Explain: _____

Does your student have an IEP? Yes No Year?
 Does your student have a 504 plan? Yes No Year?

Has your student ever had problems with: Vision _____ Hearing _____ Other health factors: _____
 Has your student been expelled or involuntarily transferred? Yes No If yes, which one? _____ What grade? _____

Is your student presently on probation? (circle one) Yes No N/A Name of Probation Officer? _____
 Revised 9/18/14