

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)  
Mo. Day Yr.

Home Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Birthplace: \_\_\_\_\_

Mailing Address: (If different) \_\_\_\_\_ P. O. Box: \_\_\_\_\_

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

Father \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_  
BUSINESS PHONE

Mother \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Other adults living in your home \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_  
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?

- Resource Specialist
- Special Day Class
- Speech
- Gifted and Talented
- Counseling
- Adaptive P. E.

(Check all that pertain to your student)

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? \_\_\_\_\_

Is your student presently on probation? (circle one) Yes No N/A Name of Probation Officer? \_\_\_\_\_