

Secondary Household/Members (PARENT NOT LIVING IN PRIMARY HOUSEHOLD)

Home phone: _____ Private

Residence Address: _____
 Number Street Apt/Lot Private
 City State Zip

Mailing Address (if different) _____ Private
 Number Street Apt/Lot
 City State Zip

Parent/Guardian 1: _____ Male Female _____
 First/Given Middle Last Relation to student
 Employer: _____ Work phone: _____
 E-mail address: _____ Cell phone: _____
 Legal Guardian Phone Messenger Portal Access Mailing

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Parent/Guardian 2: _____ Male Female _____
 First/Given Middle Last Relation to student
 Employer: _____ Work phone: _____
 E-mail address: _____ Cell phone: _____
 Legal Guardian Phone Messenger Portal Access Mailing

Local Emergency Contacts: The school needs a list of people that may be contacted in an emergency and must be able to pick up student.

Emergency Contact : _____ Relation to student: _____
 Home phone: _____ Cell phone: _____ Work phone: _____

Emergency Contact : _____ Relation to student: _____
 Home phone: _____ Cell phone: _____ Work phone: _____

Miscellaneous Contacts

Physician Name: _____ Phone: _____
 Dentist Name: _____ Phone: _____
 Daycare: _____ Phone: _____

Does this student have special needs? No Yes If yes, check the box IEP 504 Plan LEP Other

Court Protection Order? No Yes, against _____

Parenting Plan? No Yes _____

Medical conditions: _____

Medication taken at home? No Yes, what and when _____

Medication taken at school? No Yes, what and when _____

Military Family Status: US Military Active Duty National Guard Active Duty Reserve Force US Military
 Transitioning out of Active Duty to National Guard or Reserve

Has this student been expelled from school? Yes No

Does this student have any prior or pending criminal charges? Yes No

If you answered yes to one or both of the preceding questions, please provide details (place, reason, dates, etc).

Is any individual named on this enrollment form (including parent, guardian, student, sibling, caretaker relative, emergency contact) currently or formerly a registered sex or violent offender? Y N

If yes, state name and relationship to student: _____
Current or former individuals on the Sex/Violent Offender Registry are not permitted on school property or have limited access per District Policy #4550.

In case of emergency and if we are unable to locate you or your emergency contact, do you give the school district or emergency personnel permission to treat your child - including transporting your child by ambulance, if needed?

Yes No

I certify that I am the legal guardian of the child listed above and that all information above is true and accurate to the best of my knowledge. I verify that I reside within the school district boundaries or have an approved non-resident status for my child.

Signature

Date