| Student Encollment Form         School Year:         main office prior to the first aly of school         Birth Certificate:       Immunizations. Court Order Docs, Transcript/Report Card,         Ware:       Gender:       D.O.B.         Home Address:       Gender:       D.O.B.         Immunizations Updated:       Gender:       D.O.B.         Marce:       (Gray)       (Gray)         Immunizations Updated:       (Gray)       Last Grade Completed:         Immunizations Updated:       (Gray)       Home Phone #         Immunizations Updated:       (Gray)       Home Phone #         Immunizations Updated:       (Gray)       Home Phone #         Immunizations Updated:       (Gray)       Mode of Transportation:         Student base subent ne expelled from any school Yes       Noll Yyse, why? Please submit an explanation from both parent and student.         Has student base expelled from any school Yes       Noll Yyse, why? Please submit an explanation from both parent and student.         Has student bases:       (Gray)       (Stare)       (Zray Code) </th <th>Temp</th> <th>le Christ</th> <th>ian Ac</th> <th>adem</th> <th>١V</th> <th></th>  | Temp                                      | le Christ                  | ian Ac                                  | adem                | ١V                 |            |
|--|---|----------------------------|---|---------------------|--------------------|------------|
| Copy of the following need to be fumed into the school Vest:       New Enrollment           Bitth Certificate, immunizations, Court Order Docs, Transcript/Report Card, Immunizations and Pickup Drivers License, Signed Parent Akhowledgement.       New Enrollment           Name:   | Stu                                       |                            |   |                     | <b>J</b>           |            |
| Bith Certificate, Immunizations, Court Order Docs, Transcript/Report Card, Student Information       New Enrollment I Court Order Docs, Transcript/Report Card, Student Information         Name:       Gender:       D. O.B.       Race:         Iome Address:       (Qet #)       (City)       (State)       (2p Code)         .ast School Attended:       (City)       (State)       (2p Code)         mmunizations Updated:       (City)       Last Grade Completed:       (City)         mmunizations Updated:       (City)       Last Grade Completed:       (City)         Are there court order custody/restraint documents?       (VerNo)       Mode of Transportation:       Accademic & Discipilinary Information         Vacademic & Discipilinary Information       (VerNo)       Mode of Transportation:       Accademic & Discipilinary Information         Vacademic & Discipilinary Information       (VerNo)       Mole with explanation from both parent and student.         Has student failed any grade?Yes       No       If yes, why? Please submit an explanation from both parent and student.         Parent / Cuardian Information       No       If yes, why? Please submit an explanation from both parent and student.         Parent / Cuardian Information       Name:       Relationship:         Phone (H)       (C)       (My)         Home Address:       (State)       (Zit  |   | Copy of the following nee  | ed to be turned into                    | the School          | Year :             |            |
| Name:  | Birth Ceritific                           | ate Immunizations Court    | Order Docs Transcr                      | rint/Report Card    |                    |            |
| tome Address:         (Street Address)         (Apt #)         (Dity)         (State)         (Dity) <t< th=""><th>tudent Information<sup>Guardian al</sup></th><th>nd Pickup Drivers License,</th><th>Signed Parent Ackn</th><th>owledgement.</th><th>Re-Enro</th><th>ollment 📙</th></t<> | tudent Information <sup>Guardian al</sup> | nd Pickup Drivers License, | Signed Parent Ackn                      | owledgement.        | Re-Enro            | ollment 📙  |
| ast School Attended:   |   |                            |   |                     | Race:              |            |
| .ast School Attended:       (City)       Last Grade Completed:         mmunizations Updated:       (City)       Home Phone #   | Iome Address:(Street Address)             | (Ant #)                    | (City                                   | ()                  | (State)            | (Zin Code) |
| Immunizations Updated:   |   |                            | (Oity                                   | Last G              | Grade Complete     | ed:        |
| Who does student live with?         ver there court order custody/restraint documents?         (resNo)         Mode of Transportation:         Student's grades have been:Superior       Above Average       Below Average       Image: Student's grades have been:Superior         As student failed any grade?Yes       No       If yes, why? Please submit an explanation from both parent and student.         As student ever had a police record Yes       No       If yes, why? Please submit an explanation from both parent and student.         Parent / Guardian Information       Relationship:  |   |                            |   |                     |                    |            |
| wre there court order custody/restraint documents?   |   |                            |   |                     |                    |            |
| Cademic & Disciplinary Information         Student's grades have been:Superior       Average       Below Average         Has student failed any grade?Yes       No       If yes, why? Please submit an explanation from both parent and student.         Has student been expelled from any school Yes       No       If yes, why? Please submit an explanation from both parent and student.         Has student been expelled from any school Yes       No       If yes, why? Please submit an explanation from both parent and student.         Has student been expelled from any school Yes       No       If yes, why? Please submit an explanation from both parent and student.         Has student been expelled from any school Yes       No       If yes, why? Please submit an explanation from both parent and student.         Has student failed any grade?       Relationship:   |   |                            |   | sportation:         | -                  |            |
| Has student failed any grade?Yes       No       If yes, what grade and from what school?         Has student been expelled from any school Yes       No       If yes, why? Please submit an explanation from both parent and student.         Has student ever had a police record Yes       No       If yes, why? Please submit an explanation from both parent and student.         Parent / Guardian Information       Relationship:  | cademic & Disciplinary In                 | formation                  | )                                       |                     |                    |            |
| Has student been expelled from any school Yes \No Hyes, why? Please submit an explanation from both parent and student.<br>Has student ever had a police record Yes No Hyes, why? Please submit an explanation from both parent and student.<br>Parent / Guardian Information<br>Name:   | Student's grades have been:Superior       | Above Average              | Average 🗌 🛛 Be                          | low Average 🗌       |                    |            |
| Has student ever had a police record Yes \[ NO \] If yes, why? Please submit an explanation from both parent and student.         Parent / Guardian Information         Name:       Relationship:         Phone (H)       (C)         (C)       (W)         Home Address:       (Street Address)         (Street Address)       (Apt #)         (City)       (State)         (Proved)       (Ves/No)         Name:       Relationship:         Phone (H)       (C)         (City)       (State)         (Street Address)       (Apt #)         (City)       (State)         (Street Address)       (Apt #)         (City)       (State)         (Street Address)       (Apt #)         (City)       (State)         (Zip Code)       (Yes/No)         E-Mail Address:       Legal Custody:         (Yes/No)       (Relationship:         Phone (H)       (C)       (W)         E-mail:       Relationship:         Phone (H)       (C)       (W)         E-mail:       Relationship:         Phone (H)       (C)       (W)         E-mail:       Resides w/Student         Medical Information   |   |                            |   |                     |                    |            |
| Parent / Guardian Information         Name;       Relationship;         Phone (H)       (C)       (W)         Home Address:       (Street Address)       (Apt #)       (City)       (State)       (Zip Code)         E-Mail Address:       Legal Custody:       (Yes/No)       Resides w/ Student       (Yes/No)         Name:       Relationship:       (Yes/No)       Resides w/ Student       (Yes/No)         Phone (H)       (C)       (W)       (Zip Code)       (Yes/No)         Home Address:       (Street Address)       (Apt #)       (City)       (State)       (Zip Code)         E-Mail Address:       Legal Custody:       (Yes/No)       Resides w/ Student       (Yes/No)         E-Mail Address:       Legal Custody:       (Yes/No)       Resides w/ Student       (Yes/No)         E-Mail Address:       Legal Custody:       (Yes/No)       Resides w/ Student       (Yes/No)         E-Mail Address:       Relationship:       (Yes/No)       (Yes/No)       Resides w/ Student       (Yes/No)         Bane;       Relationship:       Resides w/Student       (Yes/No)       (Yes/No)       Name;       (Yes/No)         Name:       Resides w/Student       (Yes/No)       (Yes/No)       Name;       Name;       <  |   |                            | •                                       |                     |                    |            |
| Name:       Relationship:         Phone (H)       (C)       (W)         -tome Address:       (Street Address)       (Apt #)       (City)       (State)       (Zip Code)  |   |                            | hy? Please submit an e                  | explanation from bo | th parent and stud | ent.       |
| Phone (H)  | <u>'arent / Guardian Informat</u>         | <u>.ion</u>                |   |                     |                    |            |
| Home Address:       (Street Address)       (Apt #)       (City)       (State)       (Zip Code)         E-Mail Address:       Legal Custody:       (Yes/No)       Resides w/ Student       (Yes/No)         Name:       Relationship:       (Yes/No)       (State)       (Zip Code)         Phone (H)       (C)       (W)       (State)       (Zip Code)         Home Address:       (Street Address)       (Apt #)       (City)       (State)       (Zip Code)         E-Mail Address:       Legal Custody:       (Yes/No)       Resides w/ Student       (Yes/No)         E-Mail Address:       Legal Custody:       (Yes/No)       Resides w/ Student       (Yes/No)         E-Mail Address:       Legal Custody:       (Yes/No)       Resides w/ Student       (Yes/No)         E-Mail Address:       Relationship:       Resides w/ Student       (Yes/No)         Name:       Resides w/Student       (Yes/No)       (Yes/No)         Name:       Resides w/Student       (Yes/No)       (Yes/No)         Authorized for Pickup       Phone #:       (Yes/No)       (Yes/No)         Name:       Phone #:       Phone #:       (Yes/No)       Phone:         Name:       Phone       Phone #:       (Yes/No)       Special conditi  | Name:                                     |                            | Relationship                            | / <u></u>           |                    | _          |
| E-Mail Address:       Legal Custody:       Resides w/ Student  | Phone (H)                                 | (C)                        | (W)_                                    |                     |                    |            |
| E-Mail Address:       Legal Custody:       Resides w/ Student  | Home Address:(Street Address)             | (Ant #                     | ) (Cit                                  |                     | (State)            | (Zin Code) |
| Name:  |   |                            |   | • ·                 | ( )                | ,          |
| Home Address:       (Street Address)       (Apt #)       (City)       (State)       (Zip Code)         E-Mail Address:       Legal Custody:       (Yes/No)       Resides w/ Student       (Yes/No)         Emergency Contact       Relationship;       (Yes/No)       (Yes/No)       (Yes/No)         Name;       Relationship;       (Yes/No)       (Yes/No)       (Yes/No)         Phone (H)       (C)       (W)       (Yes/No)       (Yes/No)         Name;       Relationship;       (Yes/No)       (Yes/No)         Phone (H)       (C)       (W)       (Yes/No)         Name;       Relationship;       (Yes/No)       (Yes/No)         Name:       Resides w/Student       (Yes/No)         Name:       Phone #:       (Yes/No)         Name:       Phone #:       (Yes/No)         Name:       Phone #:       (Yes/No)         Name:       Phone #:       (Yes/No)         PCP/Pediatrician;       Phone       Phone:       (Yes/No)         Special conditions:       Plan/Group #       (Yes/No)       (Yes/No)  |   |                            |   |                     |                    |            |
| (Street Address)       (Apt #)       (City)       (State)       (Ztp Code)         E-Mail Address:       Legal Custody:       Resides w/ Student       (Yes/No)         Emergency Contact       Relationship;       (W)       (Yes/No)       (Yes/No)         Name;       Relationship;       (W)       (Yes/No)       (Yes/No)         Name;       Resides w/Student       (Yes/No)       (Yes/No)         Name;       Relationship;       (Yes/No)       (Yes/No)         Name;       Relationship;       (Yes/No)       (Yes/No)         Name;       Relationship;       (Yes/No)       (Yes/No)         Name:       Resides w/Student       (Yes/No)         Authorized for Pickup       (Yes/No)       (Yes/No)         Name:       Phone #:       (Yes/No)         Name:       Phone       Phone #:       (Yes/No)         Name:       Phone       Phone #:       (Yes/No)         Medical Information       Phone       (Yes/No)       (Yes/No)   | Phone (H)                                 | (C)                        | (W)                                     |                     |                    |            |
| E-Mail Address:       Legal Custody:       Resides w/ Student       (Yes/No)         Emergency Contact       Relationship;       (Yes/No)       (Yes/No)         Name;       Relationship;       (W)       (W)       (Yes/No)         Email:       Resides w/Student       (Yes/No)       (Yes/No)         Name;       Relationship;       (Yes/No)       (Yes/No)         Name;       Relationship;       (Yes/No)       (Yes/No)         Name;       Relationship;       (W)       (Yes/No)         Phone (H)       (C)       (W)       (W)         Email:       Relationship;       (Yes/No)       (Yes/No)         Authorized for Pickup       Phone #:       (Yes/No)       (Yes/No)         Name:       Phone #:       Phone #:       (Yes/No)         Name:       Phone #:       Phone #:       (Yes/No)         Name:       Phone #:       Phone #:       (Yes/No)         PCP/Pediatrician;       Phone #:       Phone:       (Yes/No)         Insurance:       Plan/Group #       Special conditions:       Medications:       (Yes/No)  | Home Address:                             | (A-14)                     |   |                     | (04=4=)            | (7:0 0 da) |
| Emergency Contact         Name;       Relationship;         Phone (H)       (C)         Email:       Resides w/Student         Name;       Relationship;         Name;       Relationship;         Phone (H)       (C)         (W)       (Yes/No)         Phone (H)       (C)         (W)       (W)         Email:       Resides w/Student         Phone (H)       (C)         Name:       Pesides w/Student         Name:       Phone #:         Special Information       Phone:         Special conditions:       Plan/Group #         Special conditions:       Medications:   |   |                            | , | .,                  | ( )                | · · · /    |
| Name;       Relationship;         Phone (H)       (C)       (W)         Email:       Resides w/Student (Yes/No)         Name;       Relationship;         Phone (H)       (C)       (W)         Email:       Relationship;         Phone (H)       (C)       (W)         Email:       Resides w/Student (Yes/No)         Authorized for Pickup       Resides w/Student (Yes/No)         Name:       Phone #:         Special conditions:       Plan/Group #         Special conditions:       Medications:   | Emergency Contact                         |                            |   | (Yes/No)            |                    | (Yes/No)   |
| Phone (H)       (C)       (W)         Email:       Resides w/Student   |   |                            | Relationship                            | ):                  |                    |            |
| Email:   |   |                            | (W)                                     |                     |                    | _          |
| Name:       Relationship:         Phone (H)       (C)       (W)         Email:       Resides w/Student   |   |                            | Re                                      | sides w/Studen      | 1t                 |            |
| Email: Resides w/Student   Authorized for Pickup     Name:   Phone #:     Name:   Phone #:        PCP/Pediatrician:   PCP/Pediatrician:   PCP/Pediatrician:   Plan/Group #        Special conditions:   Medications:   | Name <u>:</u>                             |                            | Relationship                            | ):                  | (Yes/No)           | _          |
| Authorized for Pickup   Name:   Phone #:   Name:   Phone #:   Phone #:   Phone #:   PCP/Pediatrician:   Plan/Group #   Special conditions:   Medications:  | Phone (H)                                 | (C)                        | (W)_                                    |                     |                    |            |
| Authorized for Pickup   Name:   Phone #:   Name:   Phone #:   Phone #:   Phone #:   PCP/Pediatrician:   Plan/Group #   Special conditions:   Medications:  | Email:                                    |                            | Re                                      | sides w/Studen      | it                 |            |
| Name:       Phone #:         Vedical Information       Phone #:         PCP/Pediatrician:       Phone:         Insurance:       Plan/Group #         Special conditions:       Medications:  | Authorized for Pickup                     |                            |   | (100,110)           | (165/110)          |            |
| Medical Information         PCP/Pediatrician:       Phone:         Insurance:       Plan/Group #         Special conditions:       Medications:  | Name:                                     |                            | Phone #:                                |                     |                    |            |
| PCP/Pediatrician: Phone: Insurance: Plan/Group # Special conditions: Medications:  | Name:                                     |                            | Phone #:                                |                     |                    |            |
| Insurance: Plan/Group #<br>Special conditions:<br>Medications:   |   |                            |   |                     |                    |            |
| Special conditions:  |   |                            |   |                     |                    |            |
| Medications:   |   |                            |   |                     |                    |            |
|  | •   |                            |   |                     |                    |            |
| Preferred Hospital:  |   |                            |   |                     |                    | —          |