

Enrollment Information

School Assignment _____

Student ID _____ Student Last Name _____ Student First Name _____

House # _____ Street _____ City _____ Zip _____

Grade _____ Home Phone _____ Birth Date _____ M / F

PARENT NAME

WORK PHONE #

PARENT NAME

WORK PHONE

Pick up information (Babysitter name, phone #) Address if different ONLY IF SAME SCHOOL OR A DAYCARE IN THE SAME AREA)

Drop off information (Babysitter name, phone #) Address if different ONLY IF SAME SCHOOL OR A DAYCARE IN THE SAME AREA)

Bus Transportation Needed **PICK UP** Yes No **DROP OFF** Yes No
(PLEASE CIRCLE ONE)

The list below will be filled out by the school

CHECK LIST 09-10

Certified Birth Cert Yes No

 Needs Orig in 30 days Yes No

Mortgage or Lease

2 Utility bills

 2 Bills in name of person
 on Affidavit

MFE'S OR IEP'S Yes No

Enclosed Yes No

Photo ID Yes No

SS card or number Yes No

Shot records Yes No

Born out of country Yes No

TB TEST Yes No

Home Language survey Yes No

Custody Full Joint Sole

Name of person
who has custody

Court dates

court order Yes No Enclosed

Foster child Yes No

Foster

agreement

Physical

Paper Yes No

Medication form Given Enclosed

Medical

packets

Asthma Diabetes Allergic

Forms Given Enclosed

Peterman's Bus walker parent transport

Given In

LUNCH FORM

packet

Affidavit

Date expired

Enrollment packet
complete

Yes No