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 SCOOL 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				**Custody** Name of person who has custody	Full Joint Sole
Certified Birth Cert	**Yes**	**No**			
Needs Orig in 30 days	**Yes**	**No**		Court dates	
Mortgage or Lease				court order	Yes No Enclosed
2 Utility bills				Foster child	Yes No
2 Bills in name of person on Affidavit				Foster agreement	
				Physical	
MFE'S OR IEP'S	**Yes**	**No**		Paper	Yes No
Enclosed	**Yes**	**No**		Medication form	Given Enclosed
				Medical packets	**Asthma Diabetes Allergic**
Photo ID	**Yes**	**No**		Forms	Given Enclosed
SS card or number	**Yes**	**No**			
Shot records	**Yes**	**No**		Peterman's	Bus walker parent transport
				LUNCH FORM	**Given In packet**
Born out of country	Yes	No		**Affidavit**	Date expired
TB TEST	Yes	No			
Home Language survey	Yes	No	ESL	**Enrollment packet complete**	Yes No