



# STUDENT ENROLLMENT FORM

Child's Legal Name (*Last, First, Middle*) \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender  M  F Grade \_\_\_\_\_

Address (House Number, Street, City, Zip Code) \_\_\_\_\_ List PO Box (if used for mailing) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  Yes  No Web Access \_\_\_\_\_ Email \_\_\_\_\_

**Ethnicity:** Hispanic/Latino  Yes  No **Check if applicable:**  Migrant  Refugee  Foreign Exchange  
**Race:**  White/Caucasian  Black/African American  Asian  American Indian/Alaskan  Multi Racial  
 Native Hawaiian/other Pacific Islander

**NATIVE LANGUAGE:**  English  Spanish  Japanese  Chinese  Hindi  Other \_\_\_\_\_

**FAMILY INFORMATION:** (provide address if different from above)

	Work #	✓ if lives w/child	✓ if deceased
<b>Father</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Mother</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Step Parent / Foster Parent / Guardian(s)</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Caretaker or Adult in the home 18 and above</b>		<input type="checkbox"/>	<input type="checkbox"/>

Has child ever attended this District before?  Yes  No If Yes, what year and school? \_\_\_\_\_

Previous School/District: \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade: \_\_\_\_\_

**CHECK ALL THAT APPLY**

Remedial Reading  Remedial Math  Speech  Special Education/IEP  Gifted  504 Agreement

Legal Custody/Court Document/Special Arrangements (Please list): \_\_\_\_\_

Special Health Issues/Concerns/Medical Instructions (be specific): \_\_\_\_\_

If Foster Child, list Agency Name and Telephone Number: \_\_\_\_\_

**LIST OTHER PRE-SCHOOL OR SCHOOL AGE CHILDREN NOT ATTENDING HEMPFIELD SCHOOLS:**

Name ( <i>last, first, middle</i> )	Relationship to Child	Birth Date	Gender	Grade	School Attending

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICE USE</b>		
<input type="checkbox"/> Affidavit of Guardianship	<input type="checkbox"/> Affidavit of Multiple Occupancy	<input type="checkbox"/> Non-Resident or Foster
Student Number: _____	Code: E ___ R ___	Grade Assigned _____ Building Assigned _____ Room _____
Verification of Birth _____	Immunization Verification _____	Act 26 Sworn Parent Statement _____
Previous School/District: _____		
Phone _____	Fax _____	Withdraw Date _____
New Enrollment Date: _____	Entry Date: _____	Records Requested: _____ Received: _____
Bus Stop: _____	Bus Number: _____	AM _____ PM _____