

Park High School NEW STUDENT ENROLLMENT FORM

STUDENT IDENTITY INFORMATION:

Student's Legal Last Name	First Name	Middle Name	Preferred Name
<input type="checkbox"/> F <input type="checkbox"/> M	_____/_____/____	_____ - _____ - _____	_____
Gender	Date of Birth	Birthplace (City, State)	Social Security Number
			Grade Level

RACE / ETHNICITY:

At this time, public schools are required by federal and state regulations to report ethnicity.

ETHNICITY: Choose *one* ethnicity: Hispanic/Latino Not Hispanic/Latino

RACE: Choose *one or more* of these Races (regardless of ethnicity):

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native American or Other Pacific Islander | <input type="checkbox"/> White | |

LANGUAGE:

What is the primary language used in the home: _____

What is the language most often spoken by the student: _____

What is the language that the student first acquired: _____

PROGRAM PARTICIPATION:

- Title 1 504 Special Education (IEP) Free/Reduced Lunch Foreign Exchange Gifted & Talented

ENROLLMENT HISTORY: List most recent schools attended. (Begin with last school first.)

Grade(s)	School Name	City, State	Year(s)
_____	_____	_____	_____
Grade(s)	School Name	City, State	Year(s)
_____	_____	_____	_____

STUDENT CONDUCT:

Has this student been expelled from a school? No Yes

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

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

OTHER INFORMATION:

A copy of the legal papers must be provided if there are conditions of which the school district should be aware, i.e. custody conditions/issues, restraining order, etc.

Please check one: No, there are no issues. Yes, there are issues. Explain:

Park High School

STUDENT DEMOGRAPHIC INFORMATION

Student's **Legal** Last Name _____ First Name _____ Middle Name _____ Grade Level _____

PRIMARY HOUSEHOLD:

Residence phone: _____ Student cell number: _____

Student email address: _____

Residence Address:

Number _____ Street _____ Apt/Trailer/Lot _____

City _____ State _____ ZIP _____

Mailing Address:
(if different)

Number _____ Street _____ Apt/Trailer/Lot _____

City _____ State _____ ZIP _____

PRIMARY HOUSEHOLD MEMBERS: (Please list only those members who live at the above address)

Parent/Guardian 1:

_____ Male Female _____
First/Given Middle Last Relation to student

Employer: _____ Work phone: _____

Email address: _____ Cell phone: _____

Legal Guardian Receive Mailings

Parent/Guardian 2:

_____ Male Female _____
First/Given Middle Last Relation to student

Employer: _____ Work phone: _____

Email address: _____ Cell phone: _____

Legal Guardian Receive Mailings

Siblings (school-age):

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

LOCAL EMERGENCY CONTACTS:

Emergency Contact: _____ Relation to Student: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Emergency Contact: _____ Relation to Student: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

- turn over -

SECONDARY HOUSEHOLD: (Only for Parent NOT living in Primary Household)

Residence phone: _____

Residence Address:

Number	Street	Apt/Trailer/Lot
City		State ZIP

Mailing Address:
(if different)

Number	Street	Apt/Trailer/Lot
City		State ZIP

SECONDARY HOUSEHOLD MEMBERS:

Parent/Guardian 1: _____ Male Female _____
First/Given Middle Last Relation to student

Employer: _____ Work phone: _____


Email address: _____ Cell phone: _____
 Legal Guardian Receive Mailings

Parent/Guardian 2: _____ Male Female _____
First/Given Middle Last Relation to student

Employer: _____ Work phone: _____

Email address: _____ Cell phone: _____
 Legal Guardian Receive Mailings

I certify that I am the legal guardian of the student listed above and that all information above is true and accurate to the best of my knowledge.

 _____ Date _____
Parent/Guardian Signature

<i>For office use only:</i> Date form received _____ Date information entered in IC _____ by _____
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