

**TIME/DATE STAMP***For School Use Only*

Enrollment Date \_\_\_\_\_

Student Number \_\_\_\_\_

**STUDENT INFORMATION**

Last Name			First Name			Middle			Date of Birth			Grade		
Physical Address						City			State			Zip		
Mailing Address														
Phone Number						Social Security #			Gender: ___ Female ___ Male					
Race - <b>Required</b> (check one or more): ___ American Indian ___ Asian ___ Black or African ___ Native Hawaiian or Other Pacific Islander ___ White														
Student's First Language: _____						Is the Student Hispanic/Latino? ___ Yes ___ No								
Language Spoken at home: _____						Grade Completed								
Last School Attended: _____														
Other Information (Please check if Applicable): ___ IEP ___ Special ED ___ Gifted/Talented ___ 504 Plan ___ Title 1 ___ ELL ___ Other														

**PARENT/GUARDIAN #1**

Last Name			First Name			Middle			Lives with Student? ___ Yes ___ No					
Relationship to Student: ___ Parent ___ Guardian ___ Foster Parent ___ Step-parent ___ Other						Email Address:								
Home Phone						Cell Phone								
Address (if different from Student's)						City			State			Zip		
Employer						Phone Number								

**PARENT/GUARDIAN #2**

Last Name			First Name			Middle			Lives with Student? ___ Yes ___ No					
Relationship to Student: ___ Parent ___ Guardian ___ Foster Parent ___ Step-parent ___ Other						Email Address:								
Home Phone						Cell Phone								
Address (if different from Student's)						City			State			Zip		
Employer						Phone Number								

**Check if Either Parents is Military:** \_\_\_ Active \_\_\_ National Guard \_\_\_ Reserve \_\_\_ DoD Civilian \_\_\_ Retired Military

**Digital Data**

Internet Access in Home: \_\_\_ YES \_\_\_ NO  
 Internet Type: \_\_\_ Satellite \_\_\_ Dial-up \_\_\_ Unknown \_\_\_ None \_\_\_ Cellular \_\_\_ Community Hotspot \_\_\_ Hotspot  
 \_\_\_ Residential Broadband

**EMERGENCY CONTACTS - OTHER THAN GUARDIAN**

Primary Contact Last Name			First Name			Middle			Relationship to Student		
Home Phone						Cell Phone			Work Phone		

<i>Secondary Contact Last Name</i>	<i>First Name</i>	<i>Middle</i>	<i>Relationship to Student</i>
<i>Home Phone</i>		<i>Cell Phone</i>	<i>Work Phone</i>
<i>Third Contact Last Name</i>	<i>First Name</i>	<i>Middle</i>	<i>Relationship to Student</i>
<i>Home Phone</i>		<i>Cell Phone</i>	<i>Work Phone</i>

*Parent/Guardian Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_