



EAST OTERO SCHOOL DISTRICT ENROLLMENT FORM

STUDENT INFORMATION

STUDENT (LEGAL NAME)				Gender	Date of Birth	Grade
				_____ Male	____/____/____	_____
				_____ Female		
Last Name	First Name	Middle Name	Suffix			

Student Resides With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint Shared Custody <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____	Is the student's physical address in EOSD boundaries? Yes _____ No _____ If No, has an Out-of-District Approval form been filled out and returned? Yes _____ No _____	Birthplace City: _____ State: _____ Country: _____ If not born in the US: Date Entered US _____	Has this student ever been staffed into Special Education? Yes _____ No _____ <input type="checkbox"/> Remedial Assistance <input type="checkbox"/> Gifted/Talented Program <input type="checkbox"/> 504 <input type="checkbox"/> Other _____	Ethnicity/Race Is this child Hispanic/Latino? Yes _____ No _____ (Mark at least ONE or ALL that apply) <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
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Has this student attended East Otero School District in the past? Yes _____ No _____ Last school attended if not La Junta _____

Address _____ **SCHOOL ADDRESS** _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____

Has your child ever been expelled? Yes _____ No _____ If yes, from what school and district _____ Date _____

PRIMARY RESIDENCE (If more than one household, please fill out *secondary* information on next page)

Street/Physical Address	City	State	Zip	Mailing Address/PO Box (If different than street)	City
Home Phone: _____				County: _____	
Parent/Guardian: _____ Last Name First Name Middle Name			Relationship to Child	Cellphone # _____	
Email Address: _____			Employer Name: _____	Text Messages from School District? Yes _____ No _____	
Email Messages from School District? Yes _____ No _____				Work # _____	
				Other # _____	
Parent/Guardian: _____ Last Name First Name Middle Name			Relationship to Child	Cellphone # _____	
Email Address: _____			Employer Name: _____	Text Messages from School District? Yes _____ No _____	
Email Messages from School District? Yes _____ No _____				Work # _____	
				Other # _____	

PLEASE COMPLETE BOTH SIDES OF FORM

Revised 06/19/2018

LIST ALL CHILDREN (Age 18 and under) RESIDING AT PRIMARY RESIDENCE

Last Name	First Name	Middle Name	Date of Birth	Gender (M/F)	Ethnicity	Grade	School Attending

SECONDARY RESIDENCE (FILL OUT ONLY IF STUDENT RESIDES IN MORE THAN ONE HOUSEHOLD)

Street/Physical Address _____ City _____ State _____ Zip _____ Mailing Address/PO Box (If different than street) _____ City _____

Home Phone _____ Is this the household of a *legal* guardian? Yes _____ No _____ Does this residence receive all mailings? Yes _____ No _____

Parent/Guardian _____ Cellphone# _____
 Last Name _____ First Name _____ Middle Name _____ Relationship to Child _____ Text Messages from School District? _____
 Email Address: _____ Employer Name: _____ Yes _____ No _____
 Email Messages from School District? Yes _____ No _____ Work # _____
 Other # _____

Parent/Guardian _____ Cellphone # _____
 Last Name _____ First Name _____ Middle Name _____ Relationship to Child _____ Text Messages from School District? _____
 Email Address: _____ Employer Name: _____ Yes _____ No _____
 Email Messages from School District? Yes _____ No _____ Work # _____
 Other # _____

EMERGENCY CONTACT INFORMATION (If parent/guardian cannot be reached) PLEASE LIST NON-HOUSEHOLD MEMBERS

_____ Last Name First Name Middle Name Relationship to Student _____ Cell Phone Home Phone Work Phone	_____ Last Name First Name Middle Name Relationship to Student _____ Cell Phone Home Phone Work Phone
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I agree that the information provided herein is complete and accurate. I understand that proper procedures still need to be followed and met before my student is accepted into East Otero School District. Completion of Enrollment Forms and Request of Records does not assume the student will be accepted. I agree to promptly inform the school district of any changes in this information, including any changes in the residency or contact information for my child.

Parent/Guardian (Print)

Signature of Parent/Guardian

Date