

# BONNY DOON SCHOOL ENROLLMENT FORM

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

 Male  Female Birthdate: \_\_\_\_\_ Birth County/State: \_\_\_\_\_

Student Name (Last/First/Middle/Nickname) \_\_\_\_\_

**Student Primary Residence Address**

Father/Guardian Name (Last) (First) Phones: Home Work Cell Name of Employer

Address (if different from student's primary address) \_\_\_\_\_  
Email: \_\_\_\_\_ Does student live with this Parent/Guardian  Yes  No

Mother/Guardian Name (Last) (First) Phones: Home Work Cell Name of Employer

Address (if different from student's primary address) \_\_\_\_\_  
Email: \_\_\_\_\_ Does student live with this Parent/Guardian  Yes  No

We MUST have the names/phone numbers of 3 local people student can be released to in case a parent/guardian cannot be reached.

Name	Home Phone	Cell	Name	Home Phone	Cell	Name	Home Phone	Cell
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**Emergency situations:** If parents/guardian cannot be reached, the school is authorized to take whatever steps needed to protect the health and welfare of this student.The parent/guardian will assume financial responsibility if medical costs are incurred.  Yes  No**Student medical conditions or allergies:** (Requires written instructions) \_\_\_\_\_**Medication(s) student is required to take during school hours:** (Requires doctor's note): \_\_\_\_\_**Social conditions:** (Legal matters require official documentation): \_\_\_\_\_**Other information the school should know about the student/family:** \_\_\_\_\_

School Most Recently Attended: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Are there psychological or confidential reports available from student's former school?  Yes  NoHas student ever been suspended?  No  Yes Reason: \_\_\_\_\_ Has student ever been expelled?  No  Yes Reason: \_\_\_\_\_What special services has student received? Special Education Services:  Resource (RSP)  Special Day Class (SDC)  Speech/Language  
 504 Other Services:  Gifted (GATE)  Counseling  English Language Development  Other (Specify) \_\_\_\_\_**Student's Ethnicity:** Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, So. or Central America, or other Spanish origin regardless of race)  Yes  No**Student's Race:** The above part of the question is about ethnicity, not race. Check one or more boxes to indicate race.

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- White (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
- 
- African American or Black
- 
- 
- American Indian or Alaskan Native (Persons having origins in any of the original people of North, Central or South America)
- 
- Chinese
- 
- 
- Japanese
- 
- Korean
- 
- Vietnamese
- 
- Asian Indian
- 
- Laotian
- 
- Cambodian
- 
- Hmong
- 
- Other Asian
- 
- 
- Hawaiian
- 
- Guamanian
- 
- Samoan
- 
- Tahitian
- 
- Other Pacific Islander
- 
- Filipino/Filipino American

**Mother /Guardian Education:** (Circle one): Graduate Degree or Higher/College Graduate/Some College or AA/H.S. Graduate/Not H.S. Graduate**Father/Guardian Education:** (Circle one): Graduate Degree or Higher/College Graduate/Some College or AA/H.S. Graduate/Not H.S. Graduate**Student's Primary Residence:**  In a single family \_\_\_\_\_ rented \_\_\_\_\_ owned permanent residence  In a motel/hotel  
 Unsheltered (car/campsite)  Doubled-up (with other families/individuals due to economic hardship or loss)  In a shelter or transitional program  
 Other \_\_\_\_\_**Home Language:** Which language did this student learn when they first began to talk? \_\_\_\_\_**Release of Information:**  I do  do not give permission for BD School to release information such as student and parent/guardian names, addresses including email, and telephone numbers to school-related organizations such as the BDS Parents' Club and the BD Community School Foundation and to occasionally release student names to the news media.**Photo/Video Release:**  I do  do not give permission for the student's images being used for the purposes of BD School promotional material and publication including the school's Facebook page, website, or newsletter and waive any rights of compensation or ownership.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

FOR SCHOOL USE ONLY: Cum Requested: \_\_\_\_\_ Local ID# \_\_\_\_\_ SSID # \_\_\_\_\_ First day: \_\_\_\_\_ Last day: \_\_\_\_\_ Moved to: \_\_\_\_\_