



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 Native Hawaiian/other Pacific Islander
 Multi-Racial (If multi-racial is chosen, please select applicable race(s) above.)

NATIVE LANGUAGE: English Spanish Japanese Chinese Hindi Other _____

FAMILY INFORMATION: (provide address if different from above)

	Work #	✓ if lives w/child	✓ if deceased
Father		<input type="checkbox"/>	<input type="checkbox"/>
Mother		<input type="checkbox"/>	<input type="checkbox"/>
Step Parent / Foster Parent / Guardian (Specify relationship)		<input type="checkbox"/>	<input type="checkbox"/>
Other Caretaker or Adult in the home 18 and above (Specify relationship)		<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 9th Grade: _____

Is parent/guardian an active duty member of a branch of the armed forces including full time Reserve/ National Guard duty? Yes No

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:** _____

OFFICE USE

Affidavit of Guardianship Affidavit of Multiple Occupancy 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