

Strange Elementary School

Email: strangeschool@gmail.com



Enrollment Form

Kindergarten - 6th Grade

Student Information

You must present: ☐ ID, ☐ Certified Birth Certificate, ☐ Immunization Record ☐ 2 Proofs of Residency

Child's Legal Name: _____

Last Name

Gender: MALE FEMALE **Date of Birth:** ____/____/____ **Place of Birth:** _____

State

Current Address: _____

Apt/Unit

County

School District of Residence: _____

Previous School Attended: _____

of Years Attended

Grade Entering: _____ **Does your child presently receive Special Education Services?** ☐ NO ☐ YES

What type of service does your child receive? _____

Ethnic and Race Category: Both Part A and Part B must be answered

PART A ETHNICITY	Is this student Hispanic/Latino? <input type="checkbox"/> NO, not Hispanic/Latino <input type="checkbox"/> YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)
PART B RACE Note: Both Parts A and B must be completed. We encourage you to select an answer for both parts. If either A or B is not answered, the US Department of Education requires the school district to supply an answer on your behalf.	<input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America.)
	<input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand or Vietnam.)
	<input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.)
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.) ³
	<input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Medical Information

Medication, allergies, etc. Health Conditions that apply to your child: _____

Family Physician: _____ Office Phone: _____

Military

Is a parent full-time in the Armed Forces, National Guard or active duty: ☐ NO ☐ YES Branch: _____

Family Information

Siblings Attending Strange Elementary School:

Name: _____ Name: _____

Name: _____ Name: _____

Adults in this Family, Living with Child at Documented Address

A. Parent/Guardian Name: _____
First Name Middle Name Last Name

Relationship to Child: ☐ Father ☐ Mother ☐ Foster Parent ☐ Other (specify)

Marital Status: ☐ Single ☐ Married Email Address: _____

Phone: Primary: _____ Cell: _____ Work: _____

B. Parent/Guardian Name: _____
First Name Middle Name Last Name

Relationship to Child: ☐ Father ☐ Mother ☐ Foster Parent ☐ Other (specify)

Marital Status: ☐ Single ☐ Married Email Address: _____

Phone: Primary: _____ Cell: _____ Work: _____

If a child's mother or father lives at a different address than previously documented, provide that information here.

Parent's Name: _____
First Name Middle Name Last Name

Relationship to Child: ☐ Father ☐ Mother ☐ Foster Parent ☐ Other (specify)

Marital Status: ☐ Single ☐ Married Email Address: _____

Address: _____
Street Apt/Unit City State Zip Code

Phone: Primary: _____ Cell: _____ Work: _____

Emergency Contacts

In an emergency the school may contact and/or release this student to the following adults. Please use persons that can be reached by phone. List in order which you would like contact to be made.

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

Parent / Guardian Signature: _____

Print Name: _____

Date: ____/____/____

To be completed by school staff/board

Date Enrollment Form received: ____/____/____ Received by _____

Date of Lottery, if necessary: ____/____/____

Those present at lottery: _____

Date Applicant was notified of placement: ____/____/____ By whom: _____

Date Applicant was notified of non-placement ____/____/____ By whom: _____