



STUDENT ENROLLMENT FORM

2017-2018

STUDENT INFORMATION

Student's Full Legal Name (Last Name, First Name, Middle Name), Today's Date, Entering Grade:

Home Street Address (with apt/suite), Home City & Zip, School Building Name, Gender (M/F):

Mailing Address (if different than home address), School District Where you live? (Applies to School of Choice ONLY), PRIMARY racial/ethnic choice (Please circle ONLY one from list below):

Home Phone No., Is Your Home Phone Number Unlisted? (Yes/No), Cell Phone No., SECONDARY racial/ethnic choice (Please circle ALL that apply from list below):

Student's Birth Date, Birth City/State (if born in US), IS STUDENT FROM A MULTIPLE BIRTH? YES NO (If Yes, Please circle birth order: 01 02 03 04)

FILL IN SECTION BELOW FOR STUDENTS NOT BORN IN THE UNITED STATES

Country of Birth, Is Student A United States Citizen? (Yes/No), Date Student Entered U.S., Date Student First Attended School in U.S., Immigrant Status: (Yes/No), Refugee: (Yes/No)

FILL IN BELOW FOR ALL STUDENTS

Student's Primary Language, Primary Language Spoken in Home, Is the Parent/Guardian of the Student a Member of the Military? (Yes/No)

PREVIOUS SCHOOL DISTRICT

Name of Former School District, Name of Former School:

Former School Address, Former School City, State & Zip, Has Student EVER Been Suspended? (Yes/No), Has Student EVER Been Expelled? (Yes/No)

Has Student Ever Attended School in Fitzgerald District Before? (Yes/No), If Yes, Name of Fitzgerald Public School Attended:

SERVICES RECEIVED AT FORMER SCHOOL

Special Ed, Title I, Speech/Language, Social Work, Other Services

Please Describe Other Services:

HEALTH INFORMATION

Preferred Hospital, Names & Schedule for Medications (if dispensed during school day):

Emergency Medical Alerts, Allergies or Problems, Physical Limitations (Explain):

Check all that apply: Asthma, Diabetes, Vision Problem, Hearing Problem, Heart Condition

Physician Name, Physician Phone:

Dentist Name, Dentist Phone:

NATURAL MOTHER'S INFORMATION		CONTACT PREFERENCE (Circle One): 1 2 3 4 No Contact	
Mother's First & Last Name:	Mother's Home Phone:	Mother's Cell Phone:	
Mother's Street Address, City, State & Zip	Email Address (required for auto emails):	Should Mother Receive Auto Emails? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother's Employer:	Mother's Work Phone (with extension):	Should Mother Receive Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stepfather's First & Last Name (if applicable):	Stepfather's Cell Phone No. (if applicable):	Does Mother Reside with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stepfather's Employer (if applicable):	Stepfather's Work Phone (if applicable):	Stepfather's Email Address (if applicable):	

NATURAL FATHER'S INFORMATION		CONTACT PREFERENCE (Circle One): 1 2 3 4 No Contact	
Father's First & Last Name:	Father's Home Phone:	Father's Cell Phone:	
Father's Street Address, City, State & Zip	Email Address (required for auto emails):	Should Father Receive Auto Emails? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father's Employer:	Father's Work Phone (with extension):	Should Father Receive Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stepmother's First & Last Name (if applicable):	Stepmother's Cell Phone No. (if applicable):	Does Father Reside with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stepmother's Employer (if applicable):	Stepmother's Work Phone (if applicable):	Stepmother's Email Address (if applicable):	

GUARDIAN(S) INFORMATION (if OTHER than mother/father)		CONTACT PREFERENCE (Circle One): 1 2 3 4	
Guardian(s) first and last names:	Relationship to Student:	Guardian's Home Phone:	
Guardian's Street Address, City, State & Zip	Guardian's Cell Phone:	Does Guardian Reside with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address (required for auto emails):	Should Guardian Receive Auto Emails? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Parental Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Work Phone (with extension):	Should Guardians Receive Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONTACTS ADDED TO AUTO EMAIL WILL RECEIVE (check which services you would like them to receive)		
<input type="checkbox"/> Summary of Current Grades & Attendance	<input type="checkbox"/> Detailed Report of Attendance	<input type="checkbox"/> School Announcements
<input type="checkbox"/> Detailed Report Showing All Assignment Scores	<input type="checkbox"/> Balance Alert When Low on Funds	

EMERGENCY CONTACT		CONTACT PREFERENCE (Circle One): 1 2 3 4	
First & Last Name:	Relationship to Student:	Home Phone:	
Street Address, City, State & Zip:	Cell Phone:	Work Phone (with extension):	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT		CONTACT PREFERENCE (Circle One): 1 2 3 4	
First & Last Name:	Relationship to Student:	Home Phone:	
Street Address, City, State & Zip:	Cell Phone:	Work Phone (with extension):	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the information on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date