

Student ID: _____
Grade: _____
Primary Teacher: _____
Start Date: _____ / _____ / _____
FOR OFFICE USE ONLY

2023-2024 School District of Elcho Student Enrollment Form

Student's Information:

Student's Full Legal Name(As listed on Birth Certificate):

(First Name, Middle Name, Last Name)

Date of Birth: _____ / _____ / _____ Gender: Male / Female (Circle one) Place of Birth:(City/State) _____ (County) _____

Primary Language used:

Ethnicity (please select one):

Hispanic/Latino Non-Hispanic/Latino

Race: (select all that apply, must select at least one):

American Indian/Alaska Native Tribal Affiliation: _____

Asian

White

Black/African American

Native Hawaiian/Pacific Islander

Other

Student's Home Information:

Student's Residence (Primary Home Address): _____

City: _____ State: _____ Zip: _____

Student's Home Address Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Student lives with (circle one): Mother /Father/ Both Parents/ Other: _____

Is there a custody order that affects this child? Yes No If yes, please attach most recent copy of the order to this form

Will the student need bus transportation to and from school? Yes No

Parent/Guardian #1:

Name: _____
Relationship to Student: _____ Legal Guardian? Yes No
Address (if different than student's): _____
City: _____ State: _____ Zip: _____
Mailing Address (if different than student's): _____
City: _____ State: _____ Zip: _____
Do you have access to the Internet? Yes No E-mail: _____
Primary Language: _____

Phone Numbers:

Home(_____) _____ Work (_____) _____
Cell (_____) _____ Text messages from District Yes No
Preferred Phone/Primary(Please circle one): Cell / Home / Work Employer

Parent/Guardian #2:

Name: _____
Relationship to Student: _____ Legal Guardian? Yes No
Address (if different than student's): _____
City: _____ State: _____ Zip: _____
Mailing Address (if different than student's): _____
City: _____ State: _____ Zip: _____
Do you have access to the Internet? Yes No E-mail: _____

Phone Numbers:

Home(_____) _____ Work (_____) _____
Cell (_____) _____ Text messages from District Yes No
Preferred Phone/Primary(Please circle one): Cell / Home / Work Employer

Other Children:

List other members of your immediate household also living at this address:

Name:	Date of Birth:	Relationship to Student:	School Attending (if applicable):

Emergency Contact: (Someone who is able to pick up your child in your absence - must be 18 years old)

Name: _____

Relationship to Student: _____

Address : _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home(_____) _____ Work (_____) _____

Cell (_____) _____ Text messages from District Yes No

Preferred Phone/Primary(Please circle one): Cell / Home / Work Employer

Parent(s) in Military:

If applicable, please circle accurate statement

1. Either parent or guardian is on active duty in military
2. Either parent or guardian is a traditional member of the Guard or Reserve
3. Either parent or guardian is a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32

Automated Phone System:

The Elcho School District uses an automated phone system to communicate with parents. If you wish to opt-out of messages please initial here _____. Do not initial unless you agree to the statement below!

By initialing, I am acknowledging that I may miss important information sent by the Elcho School including school closures and emergencies.

Medical/Health Information:

The following information about your child will help us in the event of an emergency.

Will your child need to take medication during school hours: Yes No *If yes, a completed Prescription or Non-Prescription authorization form is required

Medical Conditions (Check any/all that apply): Diabetes Asthma Epilepsy Heart Disease ADD/ADHD Vision/Hearing Other _____

Medication (indicate whether home or school use, including inhalers)

Allergies (*food, insect, medication, etc.) _____

Doctor: _____ Clinic Name: _____

Phone: _____

Dentist: _____ Phone: _____

If there is an emergency and we are not able to contact you, may the school authorities use their own judgment in calling for medical assistance? Yes No

All immunization records must be provided within 30 days of enrollment

Previous School Information (if applicable):

Last school (or district) this student attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name of Counselor and/or Principal: _____

Has this student ever been expelled? Yes No

Is this student under an expulsion order at this time? Yes No

Does this student currently receive Special Education or 504 Services? Yes No

I agree that the information provided herein is complete and accurate. I understand that this information is being used by the school district for the purposes of registering my child. I agree to promptly inform the school district of any changes in this information, including any changes in the residency of my child.

Parent/Guardian Name (Print) Date

Signature of Parent/Guardian Date