

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

2025-2026 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):

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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



CERTIFICATE BY ELCHO SCHOOL DISTRICT
RESIDENT REGARDING RESIDENCY OF PARENT/CHILD

_____, lives with me at my residence in the Elcho School District. My
address is _____

Living with the parent/guardian in my residence in the Elcho School District are the following named children and
grades:

This parent/guardian and children live with me because (explain reasons in detail):

This parent/guardian lives with me during the week, weekends, during holidays and during the summer months
when school is not in session. **(Strike out any part of this description that does not apply.)**

I understand that the information given in this certificate will be used by the Elcho School District to determine
whether the parent/guardian and children living with me are residents of the Elcho School District. I further
understand that only children who are residents of the Elcho School District are entitled to attend the Elcho School
District free of tuition. I also understand that tuition for a child attending the Elcho School District is based on the
amount annually certified for Open Enrollment participation.

I certify, under penalty of perjury, that the information furnished in this certificate is true and correct to the best of
my knowledge and that the Elcho School District may rely on this information to determine whether the
parent/guardian and the children living with me are residents of the Elcho School District.

Dated and signed this _____ day of _____, 20____.

Print Name (Elcho Resident)

Contact phone number

Sign Name (Elcho Resident)

Verified by District Representative: _____