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

2026-2027 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

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