

Student Enrollment Form



Date: _____

Student Name: _____
Street Address: _____
City: _____ Zip Code: _____
Race: _____ SS Number: _____
DOB: _____ Home Phone: _____
Student Lives With: _____ Relation: _____

Mother/Guardian:
Street Address: _____
City: _____ Zip Code: _____
Employer: _____ Work Phone: _____
Email Address: _____ Home Phone: _____

Father/Guardian:
Street Address: _____
City: _____ Zip Code: _____
Employer: _____ Work Phone: _____
Email Address: _____ Home Phone: _____

Emergency Contact:
Relation: _____ Phone: _____

Emergency Contact:
Relation: _____ Phone: _____

People With Permission to Check Student out of School

Name: _____
Relation: _____ Phone: _____

Name: _____
Relation: _____ Phone: _____

Name: _____
Relation: _____ Phone: _____

Parent Signature: _____