

# Freedom of Choice Student Center Homeschool Student Enrollment Form 2023



Student's Legal Name: \_\_\_\_\_ # ID \_\_\_\_\_  
Last First Middle Office Use Only

Grade: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Address: \_\_\_\_\_  
Street City/State/Zip

Contact Phone: \_\_\_\_\_ Student's Mobile Phone: \_\_\_\_\_

**Student's Race:** ASIAN \_\_\_ BLACK \_\_\_ HISPANIC \_\_\_ AMER INDIAN \_\_\_ WHITE \_\_\_ PACIFIC ISLANDER \_\_\_ OTHER \_\_\_

**Language Other Than English Spoken At Home:** \_\_\_\_\_

## Parent/Guardian

Contact #1: _____	Contact #2 _____
Relationship to student: _____	Relationship to student: _____
Address: _____	Address: _____
Place of Employment: _____	Place of Employment: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Email: _____	Email: _____
Daytime emergency number: _____	Daytime emergency number: _____

Is there a court order that restricts either parent from contact with your student or access to student records? Y \_\_\_ N \_\_\_

## Emergency Contacts When the Parent/Guardian Cannot Be Reached (Other than parent/guardians)

1. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
2. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

## These People Have Permission to Check My Child Out of School

1. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
2. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
3. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**Medical:** Does the student have any medical concerns? \_\_\_\_\_  
Allergies: Y \_\_\_ N \_\_\_ Please explain: \_\_\_\_\_

Prior IEP: Y \_\_\_ N \_\_\_ 504: Y \_\_\_ N \_\_\_ / If yes, indicate current date or if dismissed, the dismissal date: \_\_\_\_\_

Name and address of former school: \_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_