Out of District Student Application - Rockland School District 382

Student Infor	mation					
Last Name:			First:		Middle:	
DOB:		Gender:		SS#:	•	
Enrollment Da	ate:	Grade Level:			Special Ed. Enrollment / IEP: (Y / N)	
Is the Student	t Hispanic or Latino?	(Y/N)		Ethnicity	:	
Home (Physic	cal) Address					
Street, Apt:	•					
City, State, Zij	o:					
Home Phone	#:					
Mailing Addr	ess (If different from H	ome Address)				
Street, Apt, P	О Вох:					
City, State, Zi _l	0:					
Parent/Guard	dian Information					
Father's Nam	e (Last, First):					
Father's Cell Phone #:			Home Phone #:			
Father's Emai	l:					
Preferred Me	thod of contact for not	ifications:				
Father's Empl	oyer:					
Mother's Nar	ne (Last, First):					
				Home Phone #:		
Mother's Ema	ail:					
Preferred Me	thod of contact for not	ifications:				
Mother's Emp	oloyer:					
Guardian's Na	ame (Last, First):					
Guardian's Co	ell Phone:			Home Phone #:		
Guardian's En	nail:					
Preferred Me	thod of contact for not	ifications:				
Non-Custodia	l Information Shared (Y / N) / If Yes,	with Whom	າ?		
Emergency Co	ontact/Medical Inform	ation				
Contact #1	Contact Name (Last, Fi	rst):				
Parent/Guard Father's Nam Father's Cell F Father's Emai Preferred Me Father's Empl Mother's Nam Mother's Cell Mother's Emai Preferred Me Mother's Empl Guardian's Na Guardian's Em Preferred Me Non-Custodia Emergency Co Contact #1 Contact #2 Contact #3 Doctor: Dentist: Allergies: Special Medic	Relationship:		Phone #:			
Contact #2	Contact Name (Last, Fi	rst):				
	Relationship:			Phone #:		
Contact #3	Contact Name (Last, First):					
	Relationship:			Phone #:		
Doctor:				Doctor Phone #:		
Dentist:			Dentist Phone #:			
Allergies:						
Special Medic	al Considerations:					
Immunizations: Polio (Y/N) MMR (Y/N) DPT (Y/N)					Immunization Records Included: (Y / N)	
Previous Scho						
Name:						
Street Addres	s:					
City, State, Zi	0:					
Phone #:				Fax #:		

	pended or expelled from school? tances including dates and duration	Yes No n.	
2. Reason(s) for wanting to atten	d Rockland School?		
· -	in which the applicant child is curre nguage, Remedial, Special Education	-	
4. Transportation arrangements	that will be made?		
Parent/Guardian Signature	Date		
() APPROVED			
() DISAPPROVED	Superintendent's Signature	Date	