## **Enrollment Form - School District 318**

MARSS ID #	Local ID #		Start Date		Assigned School		Grade	Intake Date		
AST Name (Legal)	FIRST Name		Full MIDDLE		Nickname or Pref	Preferred Name Birth Dat		Date		
Gender	Birth Country:				Date student entered the United St		tates:			
anguage child first learned:	-		Language cihld usually		Is English read in the home?		Receiving ESL Services?			
ederal Ethnicity (please mark one)		For Federal repo	orting purposes	, please check	Services					
he student's ethnicity Hispanic or Latino? all races that a			ply for student: Does student rece Indian / Alaskan Native			eive special education services?				
ban, Mexican, Puerto Rican, Sourth or Central E erican or other spanish culture or origin, regardless		Black / African American Native Hawaiian / Pacific Islander White		Does student hav						
f child has any health concerns we shou	Ild be aware of, p									
·										
	a al in this distric		revious Er	nrollments				Orada		
las student previously attended any sch			District					Grade Grade		
las student ever registered under a diffe										
		Dular 1	al inf		mt fluct-					
Name of School	Year / Grade	Prior scho Public/Private	ool information, most recent first:   FT / PT City and State			Phone and Fax		IX		
	/						/	/		
	,						/			
	/						1			
	/	P	RIMARY	Residence			1			
	All inf				orimary househol	d.				
Student lives with	Holds <u>legal</u>	Legal	Primary Parent/Guardia		In Information	-	Primary Parent/Guardian Information			
(check all that apply)	custody?	Guardian?	Name			Name				
				Physical Address			Mailing Address			
			City / State / Z	Zip		City / State / Zip				
			County		Resident School I	District	Resident Distri	ct verified?		
			Home Phone		Unlisted?	E-mail				
			Cell Phone			Cell Phone				
			Place of employment			Place of employment				
			Work Phone /	Pager		Work Phone / F	Pager			
Have you moved to this school dist			or temporary		-	-				
Have parental rights been terminate Social Worker Name	ed (Ward of Sta	ate)?	Social Martin	(if Yes, pleas Phone Numbe	e provide legal d	locumentation)				
NUCIAI WUIKEI NAITIE			Social Workel		I					
Student's SI		<b>Househol</b>	<b>d</b> (if applicabl	e, or birth par	ent household if	primary reside	nce is foster)			
Request school information to be se	ent to this hous	ehold also?								
lationship to student: Holds legal Legal guardian?			Name			Name	Name			
	Subiduy !	Sublody :		Address			<u>I</u>			
			City / State / Z	Zip		County	Resident Scho	ol & District		
			Home Phone		Unlisted?	E-mail				
			Cell Phone			Cell Phone				
			Place of Empl	oyment		Place of Emplo	yment			
			Work Phone /	Pager		Work Phone / F	Pager			
** Note: Ple	ase notify the	school office	and provide	legal docum	entation if there	is a custodia	l issue. **			

				Bussing In	formation					
Bussing Information:		# of miles fr			iding transpor	tatio	n:	Bus #	Pick Up Time	Drop Off Time
Walker Bus	5									
	DI	lease list all	other permane	Cens		ron) i	n student's h	ousehold		
Full Legal Nam	ne (Last, First, M		Birthdate	Gender		ations		Age / Grade	Sc	hool
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	alast site i			mergency	Contacts		6	h	0	an Nian I
Emergency Co	ntact outside of	nome	+	Relationship		$\vdash$	Phone N	number	Cell/Pag	er Number
	We will try to	reach a par	ent/legal guar	dian at home	or work BEF	ORE	calling the	emergency co	ontacts.	
				Daycare (	Contacts				- 11/F	
Daycare Contact Name				Relationship		Phone Number			Cell/Pager Number	
Address				City		Stat	e	Zip		
				,				•		
	h davs per week)			- 9			-			
	h days per week)						-			
	h days per week)		A	dditional l	nformatior	n	-			
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