

# SCHOOL DISTRICT OF MONTICELLO

## STUDENT ENROLLMENT AND INFORMATION FORM

<b>District Office Use Only</b>	IEP <input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	Records Request Sent _____
Student ID # _____			Verification by _____

**Ethnicity Race:** Is this student Hispanic/Latino?  Yes  No (must choose one)

Select one or more of the following categories that apply to this student: (check ALL that apply-must select at least one)

American Indian or Alaska Native  
  Asian  
  Black or African American  
  Native Hawaiian or Other Pacific Islander  
  White

**Previous School Attended:**

Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Student Legal Last Name	Student Legal First Name	Student Middle Name or Initial
Date of Birth	Grade Entering	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City and State of Birth	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If No, First Date Enrolled in US Schools _____	If English is NOT child's primary language, please list _____

Home Address: \_\_\_\_\_  PO Box  Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Child Resides With:**  Both Parents  Mother  Father  Stepmother  Stepfather  \_\_\_\_\_

Special Needs	Comments
Does the student currently receive "special education" services? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Has the student been evaluated for "special education" services? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Does the student currently receive "504 accommodations"? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Does the student currently receive any other special services? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Health Concerns</b>	
Does your child have any special health concerns? <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Severe Allergy	
<input type="checkbox"/> Other _____ Is your child currently taking medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of medication and reason taking _____	
**If medication will be taken at school, please complete Medication Consent Form.	

## Household Information

Parent/Guardian #1 (even if student lives 50/50 with parents, one MUST be designated as primary)

Last Name	First Name	Middle
Address		
City	State	Zip
Home Phone	Work Phone	Cell Phone
Unlisted Phone	e-mail	

## Parent/Guardian #2

Last Name	First Name	Middle
Address		
City	State	Zip
Home Phone	Work Phone	Cell Phone
Unlisted Phone	e-mail	

If additional LEGAL guardians need to be listed for any children in this household, please list them here:

Name	Relationship to student
Address	Legally responsible Parent/Guardian
City, State, ZIP	
Home Phone	Work Phone
e-mail	Cell Phone
Name	Relationship to student
Address	Legally responsible Parent/Guardian
City, State, ZIP	
Home Phone	Work Phone
e-mail	Cell Phone

**\*\*Please complete Custodial/Visitation Rights Form if applicable**

### Emergency Contacts

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell phone \_\_\_\_\_ Other phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell phone \_\_\_\_\_ Other phone \_\_\_\_\_

### Child Care Provider

\_\_\_\_\_

Cell phone \_\_\_\_\_ Other phone \_\_\_\_\_

**No Additional Children** (If additional children in household, please continue below)

### Children in Household

 (please list **all additional** members in the household)

Child's Legal Last Name	First Name	Middle Name	Gender	Date of Birth (mm/dd/yyyy)	Grade
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Parent/Guardian #1 is this child's  Legal Guardian  Primary Guardian

Mother  Father  Stepmother  Stepfather  Foster Parent  Other (specify) \_\_\_\_\_

Parent/Guardian #2 is this child's  Legal Guardian  Primary Guardian

Mother  Father  Stepmother  Stepfather  Foster Parent  Other (specify) \_\_\_\_\_

Child's Legal Last Name	First Name	Middle Name	Gender	Date of Birth (mm/dd/yyyy)	Grade
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Parent/Guardian #1 is this child's  Legal Guardian  Primary Guardian

Mother  Father  Stepmother  Stepfather  Foster Parent  Other (specify) \_\_\_\_\_

Parent/Guardian #2 is this child's  Legal Guardian  Primary Guardian

Mother  Father  Stepmother  Stepfather  Foster Parent  Other (specify) \_\_\_\_\_