

# Bainville Public School District 64 D

## Enrollment/Registration Form

### STUDENT INFORMATION

DATE ENROLLED \_\_\_\_\_ INCOMING GRADE \_\_\_\_\_

LEGAL LAST NAME (student) \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

IF PO BOX, GIVE DESCRIPTION OF WHERE YOU LIVE \_\_\_\_\_

CHECK ALL THAT APPLY

<input type="checkbox"/>	American Indian	<input type="checkbox"/>	Alaskan Native	<input type="checkbox"/>	Asian
<input type="checkbox"/>	White	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	African American
<input type="checkbox"/>	Native Hawaiian/Pacific Islander				

PREVIOUS SCHOOL ATTENDED \_\_\_\_\_ CITY, STATE \_\_\_\_\_

CHECK ALL THAT APPLY  Moved here as Agricultural Migrant Worker  Limited English Proficiency

### FAMILY BACKGROUND

MOTHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Circle One: Legal Mother / Stepmother / Guardian / Foster / Other (if different from child's)

EMPLOYER \_\_\_\_\_

WORK NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Circle One: Legal Father / Stepfather / Guardian / Foster/ Other (if different from child's)

EMPLOYER \_\_\_\_\_

WORK NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

**\* PLEASE FILL OUT OTHER SIDE\***

MARITAL STATUS  Married  Divorced  Single  
 Separated  Remarried

WHO HAS PHYSICAL CUSTODY \_\_\_\_\_

WHO MAY WE CALL AT WORK:  Father  Mother  Both

PHONE NUMBERS TO RECEIVE SCHOOL COMMUNICATION via ONE CALL  
 Home  Dad's Cell  Mom's Cell  
 Other

EMAIL ADDRESS(ES) \_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT (other than parent) \_\_\_\_\_

(This person may make medical decisions for your child if you are unable to be reached. Please notify them that they may be called by the school.)

PHONE NUMBER \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

HAS THE CHLD PREVIOUSLY RECIEVED SPECIAL SERVICES (check all that apply)  
 Speech  Special Education  Title1

HEALTH CONCERNS  No  Yes (please complete Individual Health Plan form)

**OTHER CHILDREN IN THE HOUSEHOLD**

NAME \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_