ADAMS Elementary
ALLIGATORS

STUDENT ENROLLMENT INFORMATION

STUDENT _____ **GRADE** _____
LAST FIRST MI

ADDRESS _____
STREET APT CITY STATE ZIP

EMERGENCY CONTACT _____ **EMERGENCY PHONE** _____

LAST SCHOOL ATTENDED _____
NAME OF SCHOOL

_____
CITY STATE YEAR ATTENDED

MOTHER/GUARDIAN _____ _____
LAST FIRST PHONE

WORK INFORMATION _____ _____
EMPLOYED BY PHONE

FATHER/GUARDIAN _____ _____
LAST FIRST PHONE

WORK INFORMATION _____ _____
EMPLOYED BY PHONE

STUDENT DEMOGRAPHICS

DATE OF BIRTH: _____ **AGE:** _____ **SEX:** M ☐ F ☐

RACE: _____ **BUS:** YES ☐ NO ☐ **IEP:** YES ☐ NO ☐

MY CHILD(REN) MAY BE RELEASED TO:

NAME	RELATIONSHIP	PHONE

_____ _____
PARENT/GUARDIAN SIGNATURE DATE