

# NEW STUDENT ENROLLMENT VERIFICATION FORM

Please return this form to the school at enrollment/registration

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Eth: \_\_\_\_\_ Gr: \_\_\_\_\_

Home Phone Number (s): \_\_\_\_\_

911 Address: \_\_\_\_\_

## Primary Parent/Guardian Information

Parent: \_\_\_\_\_ Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Spouse: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Mailing Override: \_\_\_\_\_

Alternate Parent Information: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Siblings Attending School in District

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Enrolled Site: \_\_\_\_\_