

RICHLAND SCHOOL DISTRICT - STUDENT ENROLLMENT FORM

Student's Legal Name _____
First Name Middle Initial Last Name

For School Use Only

Enrollment Date _____

Birth Certificate Verified _____

Date of Birth _____ Gender Male Female
Month Day Year

Place of Birth _____ Grade _____
City State County Country

Ethnicity (Choose 1) Is this student Hispanic or Latino? No, not Hispanic or Latino Yes, Hispanic or Latino

Race (Choose 1 or more) American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Student's primary language? _____ If not English, can child speak or read English? Yes No
 Is English spoken in household? Yes No

Resident of Richland School District? Yes No If not, approved for Open Enrollment? Yes No

School last attended _____ City, State _____

Is your child currently expelled from a public school? Yes No If yes, name of school _____

Is your child currently enrolled in a special education program? Yes No What program? _____

FAMILY OF RESIDENCE (Family student lives with) Please list all family members residing at this residence

(We will send student reports/newsletters, etc to this family)

PARENT/Guardian Legal Name _____
 Mother Father Step-parent Guardian Other _____
 Work Phone () _____ Extension _____ Employer _____
 Cell Phone () _____ E-Mail Address _____

PARENT/Guardian Legal Name _____
 Mother Father Step-parent Guardian Other _____
 Work Phone () _____ Extension _____ Employer _____
 Cell Phone () _____ E-Mail Address _____

ADDRESS _____
Number Direction Street Name Apt./Lot/Unit # P.O. Box

City State Zip

Separate mailing address (if different than above) _____

HOME/PRIMARY PHONE () _____ Confidential Number Yes No

Please list all other children 19 years of age and under living in this household.

Name	Date of Birth	Gender	School	Grade

Parent/Guardian Signature _____

Date _____

2ND FAMILY INFORMATION Please list all family members residing at this residence

Should we mail reports to this family? Yes No

Could this family come to your child's school and take responsibility if you can't be contacted? Yes No

PARENT/Guardian Legal Name

Mother Father Step-parent Guardian Other _____
Work Phone () _____ Extension _____ Employer _____
Cell Phone () _____ E-Mail Address _____

PARENT/Guardian Legal Name

Mother Father Step-parent Guardian Other _____
Work Phone () _____ Extension _____ Employer _____
Cell Phone () _____ E-Mail Address _____

ADDRESS

Number _____ Direction _____ Street Name _____ Apt./Lot/Unit # _____ P.O. Box _____
City _____ State _____ Zip _____

Separate mailing address (if different than above) _____

HOME/PRIMARY PHONE () _____ Confidential Number Yes No

Please list all other children 19 years of age and under living in this household.

Name	Date of Birth	Gender	School	Grade

Separated/Divorced/Never Married Parent Information

A certified copy of the court order information is required to be on file at the student's school.

Type of Action: Divorce Separation Annulment Never Married Custody Dispute

Name of other parent _____
 Current status of action _____
 Is there a court order dealing with custody or visitation? Yes No
 Are you the custodial parent? Yes No
 Is there a joint custody order? Yes No
 Should your child be released from school to the other parent? Yes No
 If no, explain: _____

If your child is injured or ill at school and neither parent/guardian can be contacted, who should we call?

This should be someone who could come to the school and take responsibility if you can't be contacted.

1st Choice Name _____ Home Phone () _____
Relationship to student _____ Work Phone () _____
Cell Phone () _____

2nd Choice Name _____ Home Phone () _____
Relationship to student _____ Work Phone () _____
Cell Phone () _____

Childcare Provider _____ Day Phone () _____

Physician _____ City _____ Phone () _____
Dentist _____ City _____ Phone () _____
Hospital _____ City _____ Phone () _____

In an emergency, does your child have any health problems that may require immediate attention? Yes No

If so, please list? (i.e., allergic to bee stings, diabetic, etc.) _____

Is this a change from last school year? Yes No _____

In case of an emergency do we have your permission to take your child for medical attention? Yes No

If no, what procedure should we follow? _____