

Emergency Contact #2 other than the three names listed above:

First Name: Last Name:



Home Phone Number:

Cell

Phone

Number:

MILITARY INFORMATION

Check all that apply:



ENROLLMENT INFORMATION

Name of School the Student is transferring from:

Address:

City: State: Zip Code:

School Phone Number: School Fax Number:



If your child is enrolling in Kindergarten, please indicate services received prior to today:

Family Care  Pre-K Public Pre-K Private

Name of Provider/Business:

Address:

Is your child in any special classes?(Art, SpEd, Gifted, etc...)

5th and 6th Grade Students: Please check two of the following electives you are interested in:

Physical Education Music

7th and 8th Grade Students: Please check activites you are interested in:



Is there any medical information we need to know about? Please explain.