## ANADARKO PUBLIC SCHOOLS ENROLLMENT FORM 2017-2018

Date	School		Grade					
STUDENT NAME	Last	F	irst		Middle			
					Middle			
	SECURITY NUMBER							
MAILING ADDRESS_								
IF P.O. BOX OR ROU	TE #, PLEASE GIVE PH	YSICAL DIRECTIONS 1	O ADDRESS_					
DATE OF BIRTH		AGE	SEX (CIRCI	LE ONE) MALE	FEMALE			
BIRTH CITY		STATE	TATECOUNTRY					
WILL STUDENT RIDE	A BUS?	BUS NUME	BER					
DOES STUDENT LIVE	E MORE THAN 1 ½ MILE	ES FROM SCHOOL? (CI	RCLE ONE)	YES	NO			
SCHOOL STUDENT L	AST ATTENDED							
IF SCHOOL LAST AT	TENDED WAS NOT IN A	ANADARKO, PLEASE G	IVE SCHOOL I	NAME AND ADD	RESS			
IS THIS A TRANSFEE	R STUDENT? YES	NO						
	S ATTEND SCHOOL IN AN		ig within and	THER DISTRICT)				
HAS STUDENT BEEN	I IN SPECIAL EDUCATION	ON CLASSES DURING	PREVIOUS SC	CHOOL YEAR?	YES_	NO		
	DUALS THAT HAVE YOU TED ON THIS ENROLLM					JRING		
PLEASE INDICATE A	NY MEDICAL PROBLEN	IS/CONDITIONS WE SH	HOULD BE AW	/ARE OF				
GUARDIAN INFO								
RELATIONSHIP TO S	NAME STUDENT_	A	DDRESS		PHONE			
				CEL	L PHONE			
EMPLOYER_								
Lini LV I LIX	NAME	A	DDRESS	PHO	ONE			

## PLEASE COMPLETE THE BACK OF THIS FORM

GUARDIAN #2									
RELATIONSHIP TO STUDENT			ADDRESS				PHONE		
Email address							CELL PH	ONE	
EMPLOYED									
NAME				ADDRES	ADDRESS		PHONE		
ADDITIONAL CON				40005	20		BUONE		
RELATIONSHIP TO	NAME D <b>STUDENT</b>	-		ADDRESS		PHONE			
							CELL PH	ONE	
WITH WHOM DOES THE STUDENT LIVE? (CIRC			CLE ONE)	ВОТН Р	BOTH PARENTS		MOTHER FATHI		
				GUARD	IAN	RELATI	VE	FRIEND	
NAME	ADARKO PUB	GRADE	LS FOR 201	17-2018	NAME			GRADE	
NAME					NAME		GRADE		
NAME			<u></u>		NAME			GRADE	
MILITARY IDENTIF IF EITHER PARENT ARMED FOR	T/ <b>GUARDIAN I</b> RCES	RE	SERVE	N	ATIONAL (	GUARD		E SPACE BELOW:	
DOES YOUR CHILI	D LIVE IN A HC	DUSING AUTH	ORITY HOM	E? (CIRCLE C	NE)	YES	NO		
IF YES, CIRCLE ONE:	APACHE	CADDO	COI	MANCHE			KIOWA H	OUSING AUTHORITY	
	WICHITA	ANADARK	O HOUSING A	UTHORITY					
	OTHER		-						
PROJECT NUMBER	₹		-						
DOES YOUR CHILI	D LIVE ON TRU	JST LAND?(	CIRCLE ONE	i)	YES	NO			
LEGAL DESCRIPTI	ON: TN_		_ RNG	SEC_		_ QTR		-	
PLEASE GIVE PHY (IF DIRECTIONS AR	SICAL DIRECT RE THE SAME	TIONS AS ON THE C	OTHER SIDE	OF THIS FOR	M)				
PLEASE SIGN A GIVEN ABOVE			LMENT FO	ORM VERIF	YING AL	L STUDI	ENT INF	ORMATION	
PARENT/GUARDIAN	(circle one)						DATE		