ANADARKO PUBLIC SCHOOLS ENROLLMENT FORM 2018-2019

Date	School	Grade					
STUDENT NAME							
(LEGAL NAME)	Last		Middle				
STUDENT'S SOCIAL S	SECURITY NUMBER						
MAILING ADDRESS_							
IF P.O. BOX OR ROUT	ΓE #, PLEASE GIVE PH	YSICAL DIRECTIONS TO AD	DRESS				
DATE OF BIRTH		AGE S	EX (CIRCLE ONE) MALE	FEMALE			
BIRTH CITY		STATE	STATECOUNTRY				
WILL STUDENT RIDE	A BUS?	BUS NUMBER_					
DOES STUDENT LIVE	MORE THAN 1 ½ MILE	ES FROM SCHOOL? (CIRCLE (ONE) YES	NO			
SCHOOL STUDENT LA	AST ATTENDED						
IF SCHOOL LAST ATT	ENDED WAS NOT IN A	NADARKO, PLEASE GIVE S	CHOOL NAME AND AD	DRESS			
	STUDENT? YES ATTEND SCHOOL IN AN	NO ADARKO WHILE RESIDING WIT	THIN ANOTHER DISTRICT)			
HAS STUDENT BEEN	IN SPECIAL EDUCATION	ON CLASSES DURING PREV	'IOUS SCHOOL YEAR?	YESNO			
		JR PERMISSION TO CHECK MENT FORM WILL BE ALLOV					
PLEASE INDICATE AN	NY MEDICAL PROBLEM	IS/CONDITIONS WE SHOUL	D BE AWARE OF				
GUARDIAN INFOF	_						
RELATIONSHIP TO S	NAME TUDENT	ADDRE:	3S 	PHONE			
Email address			Cl	ELL PHONE			
EMPLOYER_							
=	NAME	ADDRE	SS Ph	HONE			

PLEASE COMPLETE THE BACK OF THIS FORM

GUARDIAN #2									
NAME RELATIONSHIP TO STUDENT				ADDRESS			PHONE		
Email address							CELL PH	ONE	
EMPLOYED									
EMPLOYER	NAME	<u> </u>		ADDRES	SS		PHONE		
ADDITIONAL CON				ADDDE	20		DUONE		
NAME RELATIONSHIP TO STUDENT					ADDRESS		PHONE		
							CELL PH	ONE	
WITH WHOM DOES THE STUDENT LIVE? (CIRC			CLE ONE)	ВОТН Р	PARENTS	MOTHE	ER.	FATHER	
				GUARD	IAN	RELATI	VE	FRIEND	
ATTENDING ANA	ADARKO PUB	GRADE	LS FOR 201	18-2019	NAME			GRADE	
NAME		GRADE			NAME				
NAME		GRADE			NAME			GRADE GRADE	
MILITARY IDENTIF IF EITHER PARENT ARMED FOR	T/GUARDIAN I			/SERVING, PL N			ROPRIATE	SPACE BELOW:	
DOES YOUR CHILI	D LIVE IN A HO	OUSING AUTH	ORITY HOM	E? (CIRCLE C	NE)	YES	NO		
IF YES, CIRCLE ONE:	APACHE	CADDO	CO	MANCHE	DELAWAI	RE	KIOWA HO	OUSING AUTHORITY	
	WICHITA	ANADARK	O HOUSING A	UTHORITY					
	OTHER		-						
PROJECT NUMBER	₹		-						
DOES YOUR CHILI	D LIVE ON TRU	JST LAND? (CIRCLE ONE	Ξ)	YES	NO			
LEGAL DESCRIPTI	ON: TN_		_ RNG	SEC_		_QTR			
PLEASE GIVE PHY (IF DIRECTIONS AR	SICAL DIRECT RE THE SAME	TONS_ AS ON THE C	THER 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		