

**ANADARKO PUBLIC SCHOOLS ENROLLMENT FORM  
2021-2022**

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
(LEGAL NAME) Last First Middle

STUDENT'S SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

IF P.O. BOX OR ROUTE #, PLEASE GIVE PHYSICAL DIRECTIONS TO ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX (CIRCLE ONE) MALE FEMALE

BIRTH CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WILL STUDENT RIDE A BUS? \_\_\_\_\_ BUS NUMBER \_\_\_\_\_

DOES STUDENT LIVE MORE THAN 1 ½ MILES FROM SCHOOL? (CIRCLE ONE) YES NO

SCHOOL STUDENT LAST ATTENDED \_\_\_\_\_

IF SCHOOL LAST ATTENDED WAS NOT IN ANADARKO, PLEASE GIVE SCHOOL NAME AND ADDRESS \_\_\_\_\_

IS THIS A TRANSFER STUDENT? YES \_\_\_\_\_ NO \_\_\_\_\_  
(TRANSFER STUDENTS ATTEND SCHOOL IN ANADARKO WHILE RESIDING WITHIN ANOTHER DISTRICT)

HAS STUDENT BEEN IN SPECIAL EDUCATION CLASSES DURING PREVIOUS SCHOOL YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE LIST INDIVIDUALS THAT HAVE YOUR PERMISSION TO CHECK YOUR CHILD OUT FROM SCHOOL.  
ONLY PERSONS LISTED ON THIS ENROLLMENT FORM WILL BE ALLOWED TO CHECK OUT YOUR CHILD DURING  
SCHOOL HOURS.

\_\_\_\_\_  
\_\_\_\_\_

PLEASE INDICATE ANY MEDICAL PROBLEMS/CONDITIONS WE SHOULD BE AWARE OF \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

PARENT/GUARDIAN (#1) \_\_\_\_\_

NAME

ADDRESS

PHONE

**RELATIONSHIP TO STUDENT** \_\_\_\_\_

CELL PHONE

Email address \_\_\_\_\_

EMPLOYER \_\_\_\_\_

NAME

ADDRESS

PHONE

**PLEASE COMPLETE THE BACK OF THIS FORM**

**PARENT/GUARDIAN (#2)**

NAME ADDRESS PHONE

**RELATIONSHIP TO STUDENT**

CELL PHONE

**EMPLOYER**

NAME ADDRESS PHONE

**EMERGENCY CONTACT**

NAME ADDRESS PHONE

**RELATIONSHIP TO STUDENT**

**WITH WHOM DOES THE STUDENT LIVE? (CIRCLE ONE)** BOTH PARENTS MOTHER FATHER  
GUARDIAN RELATIVE FRIEND

**PLEASE LIST NAMES AND GRADES OF ALL CHILDREN CURRENTLY LIVING IN YOUR HOME THAT ARE ATTENDING ANADARKO PUBLIC SCHOOLS FOR 2011-2012.**

NAME GRADE NAME GRADE  
NAME GRADE NAME GRADE  
NAME GRADE NAME GRADE

**MILITARY IDENTIFIER:**

IF EITHER PARENT/GUARDIAN IS CURRENTLY ENLISTED/SERVING, PLEASE CHECK APPROPRIATE SPACE BELOW:

ARMED FORCES  RESERVE  NATIONAL GUARD

**DOES YOUR CHILD LIVE IN A HOUSING AUTHORITY HOME? (CIRCLE ONE)** YES NO

IF YES, CIRCLE ONE: APACHE CADDO COMANCHE DELAWARE KIOWA HOUSING AUTHORITY  
WICHITA ANADARKO HOUSING AUTHORITY  
OTHER \_\_\_\_\_

PROJECT NUMBER \_\_\_\_\_

**DOES YOUR CHILD LIVE ON TRUST LAND? (CIRCLE ONE)** YES NO

LEGAL DESCRIPTION: TN \_\_\_\_\_ RNG \_\_\_\_\_ SEC \_\_\_\_\_ QTR \_\_\_\_\_

PLEASE GIVE PHYSICAL DIRECTIONS \_\_\_\_\_  
(IF DIRECTIONS ARE THE SAME AS ON THE OTHER SIDE OF THIS FORM)

**PLEASE SIGN AND DATE THIS ENROLLMENT FORM VERIFYING ALL STUDENT INFORMATION GIVEN ABOVE IS CORRECT:**

\_\_\_\_\_  
PARENT/GUARDIAN (circle one) DATE

*As part of No Child Left Behind, you may request any teacher's credentials by contacting the building principal.*