

BETHEL HIGH SCHOOL DEMOGRAPHIC ENROLLMENT FORM

Date _____

Name _____
Last
First
Middle

Transfer or Resident (circle one) Home School District (if transfer) _____

Social Security Number _____ City/State of Birth _____

Grade _____ Sex _____ Date of Birth _____ Age _____
MM/DD/YR

Ethnic Code (**please circle ONE**) 1. Black 2. Native American 3. Hispanic 4. Asian
 5. Pacific Islander 6. White

If Indian Descent: Tribe _____ Side of Family _____ Roll # _____

Last School Attended _____

Student Cell Phone _____ Student Vehicle Make _____

Vehicle Model _____ Vehicle Color _____ Vehicle Year _____ Vehicle Tag _____

(If additional vehicles will be driver, please write the information on the back page bottom.)

THIS INFORMATION IS USED TO CONTACT YOU IN CASE OF EMERGENCY.

Parent/Guardian #1 (with whom STUDENT RESIDES) (spouse below - Joint custody parent on next page)

Please circle one - Dad Mom Grandparent Step Parent Guardian's Information

Name _____

Physical Address _____

City/State/Zip _____

Approximate distance from school _____ miles

Mailing Address if different -

City/State/Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Work Place _____ Work Phone _____

Is this Government Job? _____ Is this Military? _____ Do you live on Indian Land? _____

Please Check One:
 Both Parents _____
 Father _____
 Mother _____
 Guardian _____
 Relationship of Guardian

Parent/Guardian #1 with whom STUDENT RESIDES spouse below

Parent/Guardian #2 with whom STUDENT RESIDES

Name _____ Please circle one - Spouse Dad Mom Grandparent Step Parent Guardian's Info.

Home Phone _____ Cell Phone _____ E-mail _____

Work Place _____ Work Phone _____

Is this Government Job? _____ Is this Military? _____ Do you live on Indian Land? _____

Bus Rider? Yes No Everyday Sometimes AM PM BOTH **If yes, Bus Number** _____
Please circle correct responses above

Parent/Guardian #2 (IF Joint Custody Parent – Student NOT LIVING WITH)

Parent/Guardian #3 – (NOT living with) IF Applicable

Name _____ **Please Check One:**
 Address _____ Mother _____
 City/State/Zip _____ Father _____
 Both Parents _____
 Guardian _____
 Relationship of Guardian _____

Home Phone _____ Cell Phone _____ E-mail _____

Work Place _____ Work Phone _____

Is this Government Job? _____ Is this Military? _____ Do you live on Indian Land? _____

Emergency Contacts – can pick up

Other than PARENTS (who are called first), list at least two (2) people authorized to be called in case of an emergency or to pick up student from school: **(If these people are different from what is already on the students list, do you want the previous person(s) deleted. PLEASE indicate ___ Yes or ___ No)**

1. _____
 Name Relationship to Student Phone

2. _____
 Name Relationship to Student Phone

(If more contacts are needed, add their names and numbers on the back of this sheet.)

NO contact

Please name any person that you want the school to PREVENT any access to this student.

1. _____
 Name Relationship to Student Phone

2. _____
 Name Relationship to Student Phone

Sibling(s)

Sibling(s) attending Bethel Public Schools.

1. _____
 Name Relationship to Student Grade

2. _____
 Name Relationship to Student Grade

COUNSELOR INFORMATION - PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is this student in foster care? Yes No

2. Has this student received special services at his/her former school: Yes No
 If yes, please list below (continue on back if necessary):