

STUDENT ENROLLMENT AND DATA FORM

GRADE \_\_\_\_\_

ENROLLMENT DATE \_\_\_\_\_

For Pre-K/Kindergarten Only: Participated in Imagination Library? Yes No

ADDRESS VERIFICATION \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH \_\_\_\_\_ PARENT/GUARDIAN EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

\*Please check number to be used for Automated Phone Messages.  
 HOME NUMBER \_\_\_\_\_  MOM CELL \_\_\_\_\_  DAD CELL \_\_\_\_\_

SEX:  MALE  FEMALE RACE:  ASIAN/PACIFIC ISLANDER  BLACK  HISPANIC  AMERICAN INDIAN  WHITE

PREVIOUS SCHOOL \_\_\_\_\_

ADDRESS & PHONE NUMBER \_\_\_\_\_

FOR NON-U.S. CITIZENS, GIVE FIRST YEAR CHILD ATTENDED SCHOOL IN U.S. MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

WHO DOES STUDENT LIVE WITH? \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

WHO HAS CUSTODY OF CHILD:  BOTH PARENTS  MOTHER  FATHER  OTHER (NAME/RELATIONSHIP) \_\_\_\_\_

ARE CUSTODY PAPERS ON FILE AT SCHOOL?  YES  NO  NA

PARENT'S OR GUARDIAN'S NAME

EMPLOYER

WORK PHONE

HOW DOES YOUR CHILD GET TO SCHOOL?  CAR  BUS  WALKER  DAYCARE (SPECIFY) \_\_\_\_\_

HOW DOES YOUR CHILD GET HOME FROM SCHOOL?  CAR  BUS  WALKER  DAYCARE (SPECIFY) \_\_\_\_\_

BROTHER(S) OR SISTER(S) NAME(S)

AGE/BIRTHDATE

GRADE, IF ANY

\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEET

RELEASE AUTHORIZATION

PLEASE LIST ALL AUTHORIZED PERSONS (PARENTS, GUARDIANS, GRANDPARENTS, AUNTS, UNCLAS, FRIENDS, ETC.) TO WHOM YOUR CHILD MAY LEAVE WITH OR BE RELEASED TO.

AUTHORIZED PERSON

RELATIONSHIP TO CHILD

PHONE

—PLEASE TURN OVER, SIGNATURES ARE REQUIRED ON THE BACK OF THIS SHEET—

**STUDENT'S NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

List any special classes, programs, and/or activities that your child participated in at his/her previous school (*examples: special education classes, speech, Title I services, ESL services, advanced classes, sports/extracurricular activities, tutoring, etc.*):

Any other information that needs to be with school information:

**MEDICAL/FIRST AID**

I agree for the school to provide basic first aid and assistance for my child. If unable to locate either parent/guardian in the event of serious injury, I want the school to seek medical help for my child.  YES  NO

If YES, which doctor: \_\_\_\_\_ Phone Number \_\_\_\_\_

In case of an emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature Relationship to Child Date

Is your child covered by medical insurance?  No  Yes, Insurance Company: \_\_\_\_\_

**TEXTBOOKS**

I hereby agree that I will be responsible for all free textbooks used by my child. I hereby further agree that I will reimburse the Lebanon Special School District Board of Education for the value of any book or books that are badly damaged, destroyed, or misplaced which my child has used during the scholastic year 2010-2011 in \_\_\_\_\_ (School) and the \_\_\_\_\_ (grade).

\_\_\_\_\_  
Signature Relationship to child

**DISCIPLINE CODE**

I hereby acknowledge receipt of the Lebanon Special School District's DISCIPLINE CODE for the current scholastic year. I also acknowledge receipt of the Disclosure of School Directory Information Policy granting permission to use names, photographs, etc., for publishing in the media. If permission is not granted, I will request and fill out the form that is provided from the school.

\_\_\_\_\_  
Signature Relationship to child

**FERPA/DISCLOSURE OF SCHOOL DIRECTORY INFORMATION**

I hereby **agree** to allow my child's name and/or picture to appear in the 1) school yearbook; 2) wherever the Honor Roll/Principal's List, awards/recognitions or school publicity matters are published (i.e. in local newspaper, school newsletter, district and/or school website, etc.) if he/she earns this honor or it is appropriate.

\_\_\_\_\_  
Signature Relationship to child Date