

ELEMENTARY
Student Enrollment Information 2025 - 2026

2025 – 2026 School Year	2025 -	2026	School	Year
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Grade:

Teacher:

PLEASE PRINT							
Student's Information			Gender: M	F			
LAST	FIRST		MIDDLE				
Student's Date of Birth (month/day/year):							
Car Make/Model:	/Model: Car						
Address:							
Name of Enrolling Adult/Parent/Guardian:							
Phone Number:	Phone Number:		Work Number:				
E-mail:							
Parent/Guardian 2:		Phone Number:					
E-mail:		Work Number:					
Who does the student live with primarily?							
I understand that the following people are authorized for emergency contact and can checkout and/or pick up my child. **The following people must match who you selected while doing online registration.** Space 1 and 2 should be parent(s) if applicable. Space 3 – 5 should match who you put on the OLR. Please list in order of importance.							
Name	Phone Number	,	Relationship				
1							
2							
3							
5							
<u> </u>							
Student Health							
Does the student take medication at school? Yes No		Medication:					
Food/Drug or other Allergies? Yes No	Allergies:						
Transportation Please CIRCLE your transportation type for morning and afternoon.							
Morning Car Ride	r Walker	Bus Rider Daycare Car Rider #					
Afternoon Car Rider Walker Bus Rider Daycare Afterschool							