



Student Enrollment Information
2025 - 2026

2026 - 2027 School Year
Grade:
Teacher:
Siblings:

PLEASE PRINT		
Student's Information		Gender: M F
LAST	FIRST	MIDDLE
Student's Date of Birth (month/day/year):		
Car Make/Model:		License Plate#:
Address:		
Name of Enrolling Adult/Parent/Guardian:		
Phone Number:		Work Number:
E-mail:		
Parent/Guardian 2:		Phone Number:
E-mail:		Work Number:
Who does the student live with primarily?		
<p>I understand that the following people are authorized for emergency contact and can checkout and/or pick up my child.</p> <p>**The following people must match who you selected while doing online registration.**</p> <p>Space 1 and 2 should be parent(s) if applicable. Space 3 - 5 should match who you put on the OLR.</p> <p>Please list in order of importance.</p>		
Name	Phone Number	Relationship
1		
2		
3		
4		
5		

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 Rider	Walker	Bus Rider	Daycare	Car Rider #
Afternoon	Car Rider	Walker	Bus Rider	NCES Afterschool ((pre-selected by lottery) Daycare (Daycare Name: _____)	

Sign: _____
Signature of Parent/Legal Guardian Enrolling Adult