



STUDENT ENROLLMENT FORM 2023-2024

STUDENT'S LEGAL NAME: FIRST, MIDDLE, LAST - _____

ADDRESS: _____ CITY, STATE, ZIP _____

GRADE AS OF THE FALL OF 2024: _____ NICKNAME: _____

DOB: ____/____/____ GENDER: MALE - ____ FEMALE - ____ EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____ SECONDARY EMERGENCY CONTACT PHONE: _____

IS THE STUDENT LIVING WITH: BOTH PARENTS - ____ MOM - ____ DAD - ____ LEGAL GUARDIAN - ____

IF STUDENT IS NOT LIVING WITH ANYONE LISTED ABOVE, PLEASE EXPLAIN THEIR LIVING SITUATION: _____

STUDENT RACIAL/ETHNIC HERITAGE:

ETHNICITY- PLEASE CHECK ONE: HISPANIC/LATINO NON-HISPANIC/LATINO

RACE- PLEASE CHECK ALL THAT APPLY: AMERICAN INDIAN OR ALASKA NATIVE ASIAN PACIFIC ISLANDER WHITE AFRICAN AMERICAN (SELECTING TWO DENOTES MULTI-RACIAL)

IS THERE ANY LANGUAGE OTHER THAN ENGLISH SPOKEN IN YOUR HOME? NO YES - LANGUAGE? _____

STUDENT'S COUNTRY OF ORIGIN: _____ PARENT'S COUNTRY OF ORIGIN: _____

DATE ENTERED UNITED STATES: _____ DATE ENTERED A SCHOOL IN UNITED STATES: _____

PARENTS/GUARDIANS:

PARENT/GUARDIAN #1: _____

RELATIONSHIP: _____

ADDRESS: _____

CELL PHONE: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

EMERGENCY CONTACT IF PARENTS/GUARDIANS CANNOT BE REACHED: _____

RELATIONSHIP: _____

PHONE: _____

PARENT/GUARDIAN #2: _____

RELATIONSHIP: _____

ADDRESS: _____

CELL PHONE: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

EMERGENCY CONTACT IF PARENTS/GUARDIANS CANNOT BE REACHED: _____

RELATIONSHIP: _____

PHONE: _____

IS THERE A COURT ORDER THAT RESTRICTS EITHER PARENT FROM CONTACT WITH YOUR STUDENT OR ACCESS TO STUDENT RECORDS? NO YES
IF SUCH AN ORDER EXISTS, IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO PROVIDE A COPY OF THIS COURT ORDER TO THE SCHOOL. IT MUST BE ON FILE IN THE SCHOOLS OFFICE TO ACT ON ANY RESTRICTIONS.



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I AUTHORIZE THE DISTRICT TO RELEASE ANY AND ALL IDENTIFIABLE INFORMATION ABOUT MY STUDENT TO THE FOLLOWING PERSONS. INITIAL TO AUTHORIZE THIS PERSON TO PICK UP YOUR STUDENT ON YOUR BEHALF.

1ST: _____	PHONE: _____	RELATIONSHIP: _____
2ND: _____	PHONE: _____	RELATIONSHIP: _____
3RD: _____	PHONE: _____	RELATIONSHIP: _____
4TH: _____	PHONE: _____	RELATIONSHIP: _____

I UNDERSTAND TO CHANGE THIS INFORMATION I MUST SUBMIT A WRITTEN REQUEST TO THE SCHOOL.

SCHOOL MESSENGER:

SCHOOL MESSENGER IS AN AUTOMATED PHONE/EMAIL SYSTEM USED TO PROVIDE EMERGENCY COMMUNICATIONS TO A STUDENT'S FAMILY. I AGREE TO ALLOW SDCA TO SEND COMMUNICATIONS VIA TEXT MESSAGE TO THE FOLLOWING MOBILE PHONE(S):

PARENT/GUARDIAN#: _____ PARENT/GUARDIAN#: _____

SCHOOL ATTENDANCE:

SCHOOL LAST ATTENDED: _____ DISTRICT: _____
FORMER SCHOOLS ADDRESS: _____ CITY, STATE, ZIP _____

HAS YOUR STUDENT EVER BEEN HOMESCHOOLED? YES NO

IS YOUR STUDENT CURRENTLY BEING HOMESCHOOLED? YES NO

SPECIAL SERVICES:

HAS YOUR STUDENT PARTICIPATED IN SUPPLEMENTARY EDUCATION PROGRAMS, SUCH AS EXTRA HELP WITH READING, MATH, AND OR LANGUAGE ARTS? IF YES, WHICH SUBJECTS? READING MATH LANGUAGE ARTS

PLEASE DESCRIBE: _____

HAS YOUR STUDENT EVER BEEN EVALUATED FOR GIFTED AND TALENTED EDUCATION? YES NO

DATE EVALUATED: _____ SCHOOL DISTRICT: _____

SIBLING INFORMATION:

LIST BROTHERS, SISTERS, STEP BROTHERS, AND STEP SISTERS YOUNGER THAN 20 YEARS OF AGE WHO CURRENTLY RESIDE WITHIN THE HOME. DO NOT INCLUDE YOUR STUDENT FOR WHOM THIS FORM IS COMPLETED.

FIRST/LAST NAME PHONE GENDER(M/F) BIRTHDATE SCHOOL GRADE SAME ADDRESS?

EARLY DISMISSAL:

IN CASE OF EARLY DISMISSAL, YOUR STUDENT IS TO DO THE FOLLOWING:

WALK HOME CAR RIDER AFTER SCHOOL PROGRAM DAYCARE, PLEASE LIST DAYCARE _____

GO TO THE FOLLOWING RELATIVE OR BABYSITTER: NAME: _____ PHONE: _____



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SCHOOL PHONEBOOK:

MY PHONE NUMBER AND ADDRESS CAN BE LISTED IN THE STUDENT PARENT PHONEBOOK FOR DISTRIBUTION TO SCHOOL FAMILIES.

YES NO INITIALS: _____

DIRECTORY INFORMATION / MEDIA RELEASE:

THE FOLLOWING INFORMATION MAY BE RELEASED WITHOUT ASKING PARENTAL CONSENT: STUDENTS NAME, PARENTS NAME, GRADE LEVEL, PARTICIPATION IN SCHOOL BASE ACTIVITIES AND SPORTS, DATES OF ENROLLMENT, HONORS AND AWARDS RECEIVED, ARTWORK OR COURSEWORK DISPLAYED BY THE

DISTRICT, AND PHOTOCRAPHS, VIDEOTAPES, DIGITAL IMAGES, AND RECORDED SOUNDS THAT MAY HAVE BEEN PREPARED FOR PUBLIC CONSUMPTION AND WOULD NOT BE CONSIDERED HARMFUL OR INVASION OF PRIVACY. INITIALS: _____

IF YOU DON'T WANT THE DISTRICT TO RELEASE THE INFORMATION LISTED ABOVE, YOU MUST SUBMIT A WRITTEN NOTICE TO YOUR SCHOOL WITHIN 10 DAYS OF COMPLETING THIS FORM.

EDUCATIONAL DECISIONS:

I AUTHORIZE THE FOLLOWING PERSON(S) TO ACT ON MY BEHALF WHEN MAKING EDUCATIONAL DECISIONS AND HAVE ACCESS TO STUDENT RECORDS REGARDING MY STUDENT. PLEASE LEAVE BLANK IF NO ONE IS TO BE LISTED.

NAME: _____ RELATIONSHIP: _____

VERIFICATION:

I VERIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND CURRENT. SUBMITTING FALSE STATEMENTS, OR INFORMATION RELATING TO RESIDENCY IS DEFINED AS A CLASS A MISDEMEANOR AND SDCA RESERVES THE RIGHT TO TERMINATE ENROLLMENT FOR ANY PUPIL WHO IS ENROLLED BASED ON FALSE INFORMATION YOU PROVIDE.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

I AM THE LEGAL PARENT/GUARDIAN OF THE STUDENT NO YES INITIALS: _____

IF YOU ARE NOT THE LEGAL PARENT/GUARDIAN OF THE STUDENT, STATE YOUR RELATIONSHIP TO THE STUDENT:

