

School District of New London Student Enrollment Form

STUDENT'S LEGAL NAME _____ LAST FIRST MIDDLE INITIAL	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	Entering from _____ NAME OF SCHOOL Grade _____ STREET ADDRESS _____ CITY STATE ZIP CODE
PRIMARY TELEPHONE (_____) _____ - _____ _____ ADDRESS & P.O. BOX CITY ZIP CODE _____ COUNTY TOWNSHIP/WARD	STUDENT'S BIRTH DATE _____ _____ MONTH DAY YEAR STUDENT'S BIRTH PLACE _____ _____ CITY STATE	
BUS STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE NOTE: IF STUDENT GETS PICKED UP OR DROPPED OFF AT A LOCATION OTHER THAN HOME, PLEASE COMPLETE THE SPECIAL TRANSPORTATION REQUEST FORM		

All parents/guardians are permitted to visit during school hours and are allowed to pick up the child unless access is prohibited or restricted.

CHILD LIVES WITH <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> BOTH PARENTS – DIFFERENT LAST NAMES <input type="checkbox"/> FATHER AND STEP-MOTHER <input type="checkbox"/> MOTHER AND STEP-FATHER <input type="checkbox"/> MOTHER AND FATHER-JOINT CUSTODY <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> FOSTER PARENTS	<input type="checkbox"/> LIVES WITH MOTHER; FATHER WANTS COPIES OF REPORT CARDS, ETC. <input type="checkbox"/> LIVES WITH FATHER; MOTHER WANTS COPIES OF REPORT CARDS, ETC. <input type="checkbox"/> MOTHER, FATHER CANNOT SEE CHILD (<i>DOCUMENTATION REQUIRED</i>) <input type="checkbox"/> FATHER, MOTHER CANNOT SEE CHILD (<i>DOCUMENTATION REQUIRED</i>) <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER _____	ETHNICITY Choose one or more. You must select at least one. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Is this child Hispanic or Latino? (Choose only one) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino
HOME LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ Please complete a Home Language Survey.		
FATHER'S NAME _____ LAST NAME FIRST NAME MIDDLE INITIAL ADDRESS AND TELEPHONE (IF DIFFERENT FROM STUDENT) _____ EMPLOYER WORK PHONE CELL PHONE EMAIL ADDRESS		
MOTHER'S NAME _____ LAST NAME FIRST NAME MIDDLE INITIAL ADDRESS AND TELEPHONE (IF DIFFERENT FROM STUDENT) _____ EMPLOYER WORK PHONE CELL PHONE EMAIL ADDRESS		
STEP-PARENT, LEGAL GUARDIAN, FOSTER PARENT, OTHER _____ LAST NAME FIRST NAME MIDDLE INITIAL ADDRESS AND TELEPHONE (IF DIFFERENT FROM STUDENT) _____ EMPLOYER WORK PHONE CELL PHONE EMAIL ADDRESS		
STEP-PARENT, LEGAL GUARDIAN, FOSTER PARENT, OTHER _____ LAST NAME FIRST NAME MIDDLE INITIAL ADDRESS AND TELEPHONE (IF DIFFERENT FROM STUDENT) _____ EMPLOYER WORK PHONE CELL PHONE EMAIL ADDRESS		

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OTHER CHILDREN IN FAMILY: <i>Please list last name, first name, and middle name of each child.</i>	BIRTHDATE	GENDER	SCHOOL
1.			
2.			
3.			
4.			

EMERGENCY CONTACT – Provide information for the person to contact when parents/guardians cannot be reached.

Yes **No** This person is authorized to pick up the child.

Relationship to Child	Name	Home Address	Place of Employment	Home Phone	Cell/Other Phone	Work Phone

PHYSICIAN OR MEDICAL FACILITY, DENTAL AND INSURANCE INFORMATION

Name of Clinic /Facility	Name of Physician	Address	Telephone Number
Insurance Information	Name of Dentist	Address	Telephone Number
Insurance Company:			
Policy Number:			

AUTHORIZATION

Yes No School officials have my/our permission to transport or secure emergency medical treatment for my/our child in case of illness or accident if I/we cannot first be contacted. I/We agree to accept financial responsibility in excess of the benefits allowed by my/our Health Insurance Plan.

Comments or concerns you may have regarding your child (medical, speech, behavior, etc.)

Who is financially responsible for this student? _____

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

OFFICE USE ONLY	
Birth Certificate	_____
___ Yes ___ No	
Baptismal Record	_____
___ Yes ___ No	
Grade:	_____
School:	_____
Date:	_____ Initials: _____