



Horseshoe Bend School District #73

Student Enrollment Form

Student's Legal Name: _____ First Day of Enrollment: _____

Date of Birth: _____ Place of Birth (city/state): _____ Grade Level: _____

Ethnicity (Optional). Check all that apply

- American Indian / Alaska Native Black / African American White
 Asian Pacific Islander Hispanic

Last School Attended (include city/state): _____

Special Services at Previous School? Yes No Describe: _____

Medical Information

Recent Booster Date: _____

Allergies: _____

Medication: _____

Custodial Information (if applicable)

Custody: Mother Father Joint

Non-Custodial Parent: Permission to See Permission to Pick Up

Copy of Custody Papers on File? Yes No

Student Residency (to identify students who may qualify for additional services)

Where does the student stay at night?

- In a home you own or rent
 Temporarily with another family in a house, mobile home, or apartment
 Other (please specify): _____

Primary Household

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Primary Language Spoken at Home: _____

Parent/Guardian (living in this household)

Name: _____ Relation to Student _____

Email Address: _____ Work Phone: _____ Cell: _____

Parent/Guardian (living in this household)

Name: _____ Relation to Student _____

Email Address: _____ Work Phone: _____ Cell: _____

Secondary Household (if applicable)

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Primary Language Spoken at Home: _____

Parent/Guardian (living in this household)

Name: _____ Relation to Student _____

Email Address: _____ Work Phone: _____ Cell: _____

Parent/Guardian (living in this household)

Name: _____ Relation to Student _____

Email Address: _____ Work Phone: _____ Cell: _____

Emergency Contacts

Name: _____ Relation to Student _____

Work Phone: _____ Cell: _____

Name: _____ Relation to Student _____

Work Phone: _____ Cell: _____

Doctor: _____ Phone: _____

By signing below, permission and acknowledgement is given for the following:

- In the case of an emergency, and parents and emergency contacts cannot be contacted, school officials will be contacting Emergency Medical Technicians which may include ambulance service.
- Requesting cumulative and other school records from previously attended school(s).

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Certified Birth Certificate | <input type="checkbox"/> School Supplies List (elem only) |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Off-Campus Permission Form (hs only) |
| <input type="checkbox"/> Immunization Exempt Form | <input type="checkbox"/> Activity Card (ms/hs only) |
| <input type="checkbox"/> Free and Reduced Lunch Application | <input type="checkbox"/> Locker Assigned (ms/hs only) |
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> Schedule / Transcript Review (counselor) |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Email / Log-Ins (technology director) |
| <input type="checkbox"/> Record Request from Previous School | <input type="checkbox"/> Testing / Program Rosters (principal) |
| <input type="checkbox"/> Enrolled in Lumen | <input type="checkbox"/> Athletic Eligibility (athletic director) |