

Sample Student Enrollment Form

Full Legal Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Social Security #: _____

Grade: _____

Birth Date: _____

Race and Ethnicity: *(Note: Both Part A and Part B of the question **must be** answered.)*

Part A: **Is this student Hispanic/Latino?** *(Choose only one)*

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: **What is the student's race?** *(Choose one or more)*

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American, including Central America.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.

Language Spoken at Home: _____

Father/Guardian Name: _____

Home Address: _____

City: _____

State: _____

ZIP Code: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Email Address: _____

Mother/Guardian Name: _____

Home Address: _____

City: _____

State: _____

ZIP Code: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Email Address: _____

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact:

Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Doctor: _____

Phone: _____

Dentist: _____

Phone: _____

I attest that the information contained herein is correct to the best of my knowledge.

(Legal Parent/Guardian's Signature)

(Date)