



Enrollment Application

School Year 20__/20__

School Selection: _____

Enrollment Date: ____/____/____
MM DD YY

STUDENT

Student Name: _____, _____, _____
(Last) (First) (Mi)

Address: _____ City: _____ State: _____ Zip: _____

Open Enrollment: Yes No Grade Level: _____ Gender: Male Female Date of Birth: ____/____/____

**Children must be five (5) years of age prior to September 1 of the current school year for admission to kindergarten.*

(Provide information for Primary Parent/Guardian, more can be added in the PowerSchool e-Registration area)

PARENT/GUARDIAN

Parent Contact Name: _____, _____
(Last) (First)

Parent Contact Phone Number: (____) _____ - _____
xxx xxx xxxx

Relationship to student: Mother Father

Primary Email Address: _____
(email@domain.com)

Guardian

HOME LANGUAGE

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

Is the student currently under suspension or expulsion or in the process of being suspended or expelled from another school? Yes No

Has the student ever been suspended or expelled from a school? Yes No

Is the student currently being supervised by a juvenile court? Yes No

Parent Signature: _____

Date: _____

Signature affirms the information above is accurate and complete.

Providing false information on this form may result in the application being denied or admission being revoked.

I understand that my child's records (except for basic information stored on microfilm) will be destroyed 3 years from the time my child withdraws/graduates from the district. I have the right to obtain copies of records before they are destroyed.