



Enrollment Application

Enrollment Date: ____/____/____

School Selection: _____

School Year 20__/20__

STUDENTStudent 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/GUARDIANParent Contact Name: _____, _____
(Last) (First)Parent Contact Phone Number: (____) ____-____-____ Relationship to student: Mother Father
xxx xxx xxxxPrimary Email Address: _____ Guardian
(email@domain.com)**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? _____

Parent Signature: _____ Date: _____

Signature affirms the information above is accurate and complete.
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 or graduates from the district. I have the right to obtain copies of the records before they are destroyed.

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