

STUDENT ENROLLMENT INFORMATION



School: _____

Student's Legal Name:

Last _____ First _____ Middle Name _____

Grade: _____ Name, City, State of School Last Attended: _____

Birthdate _____ Gender M / F _____ Student Cell Phone _____

Address _____ PO Box _____ City _____ Zip _____

Is your child Hispanic/Latino? Y / N

Race/Ethnicity (check all that apply):

____ American Indian or Alaska Native ____ Asian ____ Black or African American ____ Native Hawaiian or Other Pacific Islander ____ White

Birth Country _____

Birth City _____ Birth State _____ Birth County _____

Does your child have an IEP or need special services? Y / N EBD ID SLD OHI Speech Other (Please explain):

Does your child have a 504 plan? Y / N

Has your child been expelled at any time or are any disciplinary proceedings pending that could lead to expulsion? Y / N

The student resides with:

____ Mother & Father ____ Mother Only ____ Mother & Stepfather ____ Father Only ____ Father & Stepmother

____ Guardian (relationship to child _____)

Father's Legal Name: _____

Mother's Legal Name: _____

Previous Name(s): _____

Previous Name(s): _____

Attended a MPSD school? Y / N Dates _____

Attended a MPSD school? Y / N Dates _____

Address (if different from above):

Address (if different from above):

Phone: _____ (home)

Phone: _____ (home)

_____ (cell)

_____ (cell)

Email Address: _____

Email Address: _____

Employer: _____

Employer: _____

Work Hours: _____

Work Hours: _____

Work Phone: _____ Ext _____

Work Phone: _____ Ext _____

Step-Mother's Legal Name: _____

Step-Father's Legal Name: _____

Previous Name(s): _____

Previous Name(s): _____

Attended a MPSD school? Y / N Dates _____

Attended a MPSD school? Y / N Dates _____

Phone: _____ (cell)

Phone: _____ (cell)

Email Address: _____

Email Address: _____

Employer: _____

Employer: _____

Work Hours: _____

Work Hours: _____

Work Phone: _____ Ext _____

Work Phone: _____ Ext _____

Guardian's Legal Name: _____

Other's Legal Name : _____

Previous Name(s): _____

Previous Name(s): _____

Attended a MPSD school? Y / N Dates _____

Attended a MPSD school? Y / N Dates _____

Phone: _____ (home)
_____ (cell)

Phone: _____ (home)
_____ (cell)

Email Address: _____

Email Address: _____

Employer: _____

Employer: _____

Work Hours: _____

Work Hours: _____

Work Phone: _____ Ext _____

Work Phone: _____ Ext _____

Do the child's parents have joint custody? Y / N If no, name of parent with legal custody: _____

Is there a court order designating responsibility for decisions related to the child's education? Y / N Designee: _____

If you are NOT the child's parent, are you the legal guardian per a court order? Y / N

Are there visitation arrangements that we need to be aware of? Y / N Explain: _____

-PLEASE NOTE: Court documents are required to verify custody.-

Is either parent or guardian on active duty in the military? Y / N Name of parent or guardian _____

Is either parent or guardian a traditional member of the Guard or Reserve? Y / N Name of parent or guardian _____

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? Y / N
Name of parent or guardian _____

If we cannot reach a parent/guardian, please indicate a LOCAL person we may contact in the event of an emergency:

_____ Relationship to child: _____

Phone: _____ (home)

_____ (cell)

List all other children age 21 or younger residing at the above address. Be sure to fill in their birthdate.

First Name / Middle Name / Last Name	Birthdate	Age	Gender	Grade	Name, City & State of Last School Attended
1.					
Relationship to student					
2.					
Relationship to student					
3.					
Relationship to student					
4.					
Relationship to student					

Signature: _____ Date: _____

OFFICE USE ONLY: Birth Certificate Verified
Date: _____ Initial: _____