

For Office Use Only:

Enrollment Date: _____

Mounds Elementary School 2019-2020 Enrollment Form

Student ID: _____

Legal Last Name

Legal First Name

Legal Middle Name

Nickname

SS#

Gender

Date of Birth

Birth City, State

Race: Hispanic/Latin Origin Yes No

American Indian Asian Black/African American Native Hawaiian/Pacific Islander White

Is there a language other than English spoken in your home? Yes No

Last School Attended

Address including City & State

Grade

Is there bus service to your home? Yes No

Does your child have an IEP? Yes No

Parent or Legal Guardian Information

Student Lives with: Both Parents Mother Father Grandparents Other (Please list) _____

Legal Guardian's Name

Relationship to Student

Place of Employment

Email Address

Cell Phone Number

Work Phone Number

Legal Guardian's Name

Relationship to Student

Place of Employment

Email Address

Cell Phone Number

Work Phone Number

Mailing Address

City, State & Zip Code

Home Phone #

Physical Address

City, State & Zip Code

Emergency Contacts

Please note: In case of emergency every effort will be made to contact your child's guardian(s) before resorting to emergency contacts. For this reason, we ask that you list people other than guardians as emergency contacts.

Emergency Contact #1 Name

Cell Phone Number

Relationship to Student

Home Phone Number

Work Phone Number

Emergency Contact #2 Name

Cell Phone Number

Relationship to Student

Home Phone Number

Work Phone Number

Physician's Name

Physician's Phone #

Is there anything you would like for us to know about your child? *Examples would be asthma, allergies, ADD, ADHD, dyslexia, etc.* _____

Please list all Siblings attending Mounds Schools:

Names & Grades

Please list anyone not previously listed who is authorized to pick up student from school:

Name

Phone Number

Relationship

Name

Phone Number

Relationship

Please list anyone NOT allowed to pick up student from school: _____

Parent/Legal Guardian Signature _____