RICHLAND SCHOOL DISTRICT - STUDENT ENROLLMENT FORM

Student's Legal Name _____

      First Name   *Middle Initial*   *Last Name*

For School Use Only
Enrollment Date_____
Birth Certificate Verified_____

Date of Birth _____ Gender ☐ Male ☐ Female

      Month   Day   Year

Place of Birth _____ Grade _____

      City   *State*   *County*   *Country*

Ethnicity
(Choose 1)   Is this student Hispanic or Latino?   ☐ No, not Hispanic or Latino   ☐ Yes, Hispanic or Latino

Race
(Choose 1 or more)   ☐ American Indian or Alaska Native   ☐ Asian   ☐ Black or African American
       ☐ Native Hawaiian or Other Pacific Islander   ☐ White

Student's first language learned: _____   Languages used in the home: _____   _____

In what language would you like to receive information from school?   Language used most often: _____
☐ English   ☐ Spanish   ☐ Other_____

Resident of Richland School District?   ☐ Yes ☐ No   If not, approved for Open Enrollment?   ☐ Yes ☐ No

School last attended _____ City, State _____

Is your child currently expelled from a public school?   ☐ Yes ☐ No   If yes, name of school _____

Is your child currently enrolled in a special education program?   ☐ Yes ☐ No   What program? _____

Student Need Bus Transportation?   ☐ YES   ☐ NO

FAMILY OF RESIDENCE (Family student lives with) Please list all family members residing at this residence

(We will send student reports/newsletters, etc to this family)

PARENT/Guardian Legal Name _____

       ☐ Mother   ☐ Father   ☐ Step-parent   ☐ Guardian   ☐ Other _____

     Work Phone   (_____) _____ Extension _____ Employer _____

     Cell Phone   (_____) _____ E-Mail Address _____

PARENT/Guardian Legal Name _____

       ☐ Mother   ☐ Father   ☐ Step-parent   ☐ Guardian   ☐ Other _____

     Work Phone   (_____) _____ Extension _____ Employer _____

     Cell Phone   (_____) _____ E-Mail Address _____

ADDRESS

     _____

     Number   *Direction*   *Street Name*   *Apt./Lot/Unit #*   *P.O. Box*

     _____

     City   *State*   *Zip*

☐ Separate mailing address (if different than above) _____

HOME/PRIMARY PHONE   (_____) _____   Confidential Number ☐ Yes ☐ No

Please list all other children 19 years of age and under living in this household.	Name	Date of Birth	Gender	School	Grade

_____   _____
Parent/Guardian Signature   **Date**

2ND FAMILY INFORMATION **Please list all family members residing at this residence**

Should we mail reports to this family? ☐ Yes ☐ No

Could this family come to your child's school and take responsibility if you can't be contacted? ☐ Yes ☐ No

PARENT/Guardian Legal Name

☐ Mother ☐ Father ☐ Step-parent ☐ Guardian ☐ Other _____

Work Phone ( ) Extension _____ Employer _____

Cell Phone ( ) E-Mail Address _____

PARENT/Guardian Legal Name

☐ Mother ☐ Father ☐ Step-parent ☐ Guardian ☐ Other _____

Work Phone ( ) Extension _____ Employer _____

Cell Phone ( ) E-Mail Address _____

ADDRESS

| Number | Direction | Street Name | Apt./Lot/Unit # | P.O. Box |

| City | | State | Zip | |

☐ Separate mailing address (if different than above) _____

HOME/PRIMARY PHONE ( ) Confidential Number ☐ Yes ☐ No

Please list all other children 19 years of age and under living in this household.

Name	Date of Birth	Gender	School	Grade

Separated/Divorced/Never Married Parent Information

A certified copy of the court order information is required to be on file at the student's school.

Type of Action: Name of other parent _____

☐ Divorce Current status of action _____

☐ Separation Is there a court order dealing with custody or visitation? ☐ Yes ☐ No

☐ Annulment Are you the custodial parent? ☐ Yes ☐ No

☐ Never Married Is there a joint custody order? ☐ Yes ☐ No

☐ Custody Dispute Should your child be released from school to the other parent? ☐ Yes ☐ No

If no, explain: _____

If your child is injured or ill at school and neither parent/guardian can be contacted, who should we call?

This should be someone who could come to the school and take responsibility if you can't be contacted.

1st Choice Name _____ Home Phone ( )

Relationship to student _____ Work Phone ( )

Cell Phone ( )

2nd Choice Name _____ Home Phone ( )

Relationship to student _____ Work Phone ( )

Cell Phone ( )

Childcare Provider _____ Day Phone ( )

Physician _____ City _____ Phone ( )

Dentist _____ City _____ Phone ( )

Hospital _____ City _____ Phone ( )

In an emergency, does your child have any health problems that may require immediate attention? ☐ Yes ☐ No

If so, please list? (i.e., allergic to bee stings, diabetic, etc.) _____

Is this a change from last school year? ☐ Yes ☐ No _____

In case of an emergency do we have your permission to take your child for medical attention? ☐ Yes ☐ No

If no, what procedure should we follow? _____