

KENESAW PUBLIC SCHOOL ENROLLMENT FORM

Grade: _____

Student Name _____

First

Middle

Last

Mailing Address: _____

PO Box if applicable or Street

City

Zip Code

Physical Address: _____

Street Address

City

Zip Code

Home Phone Number: _____

Cell Phone:(student) _____

Date of Birth: _____

Place of Birth: _____

City

State

County

Social Security Number _____

Email address: _____

ETHNICITY: Is the student Hispanic/Latino? (check one) Non-Hispanic Hispanic/Latino

(Check all that apply):

Black/African American Asian Native Hawaiian/Other Pacific Islander

American Indian/Alaskan White Other

This child is living with: (check all that apply)

both parents mother father step-mother step-father guardian/foster other

The student is an unaccompanied homeless youth; not in the physical custody of a parent or guardian? Yes/ No

A parent or guardian of this family is a member of the Armed Forces on active duty or on full-time National Guard duty? Yes/No

Special custody arrangements the school needs to be aware of? (provide copy if court order)

FATHER:

MOTHER:

Name: _____

Home Address: _____

Home Phone # _____

Work Place: _____

Work Phone # _____

Cell Phone # _____

Email Address: _____

Siblings Currently Living in Household:

Name(first & last)

Date Of Birth

Name(first & last)

Date Of Birth

.....

.....

.....

.....

Medical Information:

Does your child wear glasses? Yes or No

Does your child wear contacts? Yes or No

Other Medical Info we should know, (Allergies, Injuries, surgeries, etc.)

Daily Medications being taken: _____

(* A medication release form must be on file in the school office in order to receive medication at school. This includes both prescription and non-prescription medication.)

Student's Doctor: _____ Phone# _____

Doctor's Address: _____

******* Please list two emergency contact people other than parents. *******

#1 Emergency Contact Person's Name: _____

Relationship to Student _____

Emergency Person's Home Phone _____ Work Phone _____

Cell Phone _____

#2 Emergency Contact Person's Name: _____

Relationship to Student _____

Emergency Person's Home Phone _____ Work Phone _____

Cell Phone _____

If you live on a bus route, will you need bus service? (check one) ___ Yes ___ No

Name of Bus Driver _____

Please include the name and address of party who should be receiving a report card and/or other information if not the mother and father:

Name.....

Address.....

