

# 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.....

