

# **RICHLAND SCHOOL DISTRICT - STUDENT ENROLLMENT FORM**

Student's Legal Name \_\_\_\_\_  
First Name Middle Initial Last Name

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 primary language? \_\_\_\_\_ If not English, can child speak or read English?  Yes  No  
 Is English spoken in household?  Yes  No

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? \_\_\_\_\_

**For School Use Only**

Enrollment Date \_\_\_\_\_

Birth Certificate Verified \_\_\_\_\_

**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:  Divorce  Separation  Annulment  Never Married  Custody Dispute  
Name of other parent \_\_\_\_\_  
Current status of action \_\_\_\_\_  
Is there a court order dealing with custody or visitation?  Yes  No  
Are you the custodial parent?  Yes  No  
Is there a joint custody order?  Yes  No  
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? \_\_\_\_\_