

# Discovery Elementary School Student Enrollment Form

**IMPORTANT: A birth certificate and health records are to be provided at time of enrollment**

<b>Pupil Name:</b>  _____ (_____) <i>Last First Middle Nickname</i>	<b>Birth date:</b>  ____/____/____ <i>Month day year</i>	<b>Ethnic Category</b> (opt)  <input type="checkbox"/> Am Ind. <input type="checkbox"/> Afr. Am <input type="checkbox"/> Anglo/Other <input type="checkbox"/> Latino <input type="checkbox"/> Asian Am. <input type="checkbox"/> Multiethnic	<b>Gender</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Physical Address</b>	<b>Township:</b>
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<b>Mailing Address</b> (if different)	<b>Current Grade:</b>	<b>County:</b>
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<b>With whom does pupil live?</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian	<b>Birthplace of Student:</b>  City: _____ State: _____ Country: _____
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<b>Parent/Guardian:</b>  Last Name: _____ First Name: _____	Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____	<b>Other Children Living in the Home</b> First & Last Names	Gender (M/F)	Date of Birth
<b>Second Parent Information if different:</b>  Last Name: _____ First Name: _____	Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____	1. _____ 2. _____ 3. _____ 4. _____		

Address:  City: _____ State: _____ Zip: _____	<b>Last School Attended:</b>  Street: _____ City: _____ State: _____ Zip: _____
<b>Special Program Received at Prior School:</b> <input type="checkbox"/> Speech <input type="checkbox"/> Reading <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Special Education <input type="checkbox"/> ESL <input type="checkbox"/> Counseling <input type="checkbox"/> Migrant <input type="checkbox"/> Title I <input type="checkbox"/> Other	

**Family Data - Optional** *Please fill in, check or circle where appropriate if different from above*

<b>First Parent Information:</b>	<b>Second Parent Information:</b>
Education Completed	Education Completed
Legal Custody of Student: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> joint	Legal Custody of Student: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> joint
Language Spoken in home:	Language spoken in home:
Language(s) able to speak/read:	Language(s) able to speak/read:

_____ <i>Signature of Parent/Guardian</i>	_____ Date:
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