

ENROLLMENT INFORMATION

Martin Primary School

2017-2018

Teacher: _____
(office use only)

Student Info:

Child's FULL name (must be legal name on birth certificate):

First Name	Middle Name	Last Name

Gender: Male or Female

2017-2018 Grade Level: K, 1, 2

Social Security Number: _____

Date of Birth: _____
Month, Day, Year

Race and Ethnicity (please circle): Hispanic, Non-Hispanic

American Indian/Alaskan Native Asian Black/ African American White Native Hawaiian/Pacific Islander

Student's Address: _____
Street, City, State, Zip Code

Student lives with _____

Parent Info:

Please Check Which Number You Would Like as Your Primary Contact Number

Father's Name: _____ <input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights	<input type="checkbox"/> Home Phone: _____
	<input type="checkbox"/> Cell Phone: _____
	<input type="checkbox"/> Work Phone: _____ <input type="checkbox"/> Employer: _____
Address: _____ Street, City, State, Zip Code	
Mailing Address: <input type="checkbox"/> Same as above Street, City, State, Zip Code	

Please Check Which Number You Would Like as Your Primary Contact Number

Mother's Name: _____ <input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights	<input type="checkbox"/> Home Phone: _____
	<input type="checkbox"/> Cell Phone: _____
	<input type="checkbox"/> Work Phone: _____ <input type="checkbox"/> Employer: _____
Address: _____ Street, City, State, Zip Code	
Mailing Address: <input type="checkbox"/> Same as above Street, City, State, Zip Code	

OVER



Emergency Contacts:

Please list two people (other than parents) to call in case of an emergency:

- 1. _____
Name Relationship to Child Phone

- 2. _____
Name Relationship to Child Phone

The above listed people will be allowed to pick up your child from school if needed.

Additional Information:

How will your child get to school in the morning? (Car Line, Bus #, Before-School Program, Other _____)

How will your child get home in the afternoon? (Car Line, Bus #, After-School Program, Other _____)

Does your child take daily medications? If yes, list:

Does your child have any allergies? If yes, list:

With which hand does your child write? (Left or Right)

Has your child attended preschool? If so where? _____

Has your child attended Head Start? _____

Previous School attended (if applicable): _____

Does your child have a current IEP? 504 Plan? _____

I give my permission for the following people to be able to pick up my child from school:

Name

Phone

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____