



Three Lakes School District
Student Enrollment Form 2017-2018

School: _____
 Student ID: _____
 Grade: _____
 Start Date: ____/____/____

Student's Information

Student's Full Legal Name: _____
 (As listed on Birth Certificate) Last Name First Name Full Middle Name
 Date of Birth: ____/____/____ Gender: Male / Female (Circle one)
 Place of Birth: _____
 (City/State) (County)

Ethnicity (please select one): Hispanic/Latino Non-Hispanic/Latino
 Race (select all that apply, must select at least one): American Indian/Alaska Native Asian White
 Black/African American Native Hawaiian/Other Pacific Islander

Student's Residence

Student's Home Information:
 _____ Primary Phone: (____) _____
 Student's Home Address Mailing Address (if different)

 City State Zip
 Student lives with (circle one): Mother Father Both Parents Other: _____

Is there a custody order that affects this child? Yes No If yes, please attach most recent copy to this form

Parent/Guardian #1 Information

Name: _____ Relationship to Student: _____ Legal Guardian? Yes No
 Address (if different than student's): _____
 Mailing Address (if different than student's): _____
 City, State, Zip: _____
 Do you have access to the Internet? Yes No E-mail: _____
 Phone Numbers: Cell (____) _____ Text messages from District Yes No
 Home (____) _____ Work (____) _____
 Employer: _____

Parent/Guardian #2 Information

Name: _____ Relationship to Student: _____ Legal Guardian? Yes No
 Address (if different than student's): _____
 Mailing Address (if different than student's): _____
 City, State, Zip: _____
 Do you have access to the Internet? Yes No E-mail: _____
 Phone Numbers: Cell (____) _____ Text messages from District Yes No
 Home (____) _____ Work (____) _____
 Employer: _____

Other Children

List other members of your immediate household also living at this address:

Name:	Date of Birth:	Relationship to Student:	School Attending (if applicable):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Complete Reverse Side)

Emergency Contacts

Emergency Contacts:

(Someone who is able to pick up your child in your absence - must be 18 years old - Please list at least two)

Full Legal Name	Phone #/Phone Type	Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____

Automated Phone System

In the event of a school closing, an emergency, or other district information, we need to obtain the following:

Parent/Guardian Phone Number (please list in order of availability to reach you)

Phone 1: _____

Phone 2: _____

Phone 3: _____

If you do not wish to receive any messages other than for an emergency or school closing, check here (By checking this box, I understand that I may miss important information sent by the Three Lakes School District.)

The Three Lakes School District uses an automated phone system to communicate with parents. Emergency messages will be sent to all of these numbers. Contact preferences can be changed at any time by accessing the parent portal.

Medical/Health Information

The following information about your child will help us in the event of an emergency.

Will your child need to take medication during school hours: Yes No

***If yes, a completed Prescription or Non-Prescription authorization form is required**

Medical Conditions (Check any/all that apply)

Diabetes Asthma Epilepsy Heart Disease ADD/ADHD Vision/Hearing Other _____

Medication (indicate whether home or school use, including inhalers)

Allergies (*food, insect, medication, etc.)

* A child with a food allergy must be provided substitutions in foods, when that need is supported by a statement signed by a licensed physician

Doctor: _____ Clinic Name: _____ Phone: _____

Dentist: _____ Phone: _____

If there is an emergency and we are not able to contact you, may the school authorities use their own judgement in calling for medical assistance? Yes No

**** All immunization records must be provided within 30 days of enrollment**

Previous School Information (if applicable)

Last school (or district) this student attended: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Name of Counselor and/or Principal: _____

Has this student ever been expelled? Yes No

Is this student under an expulsion order at this time? Yes No

Does this student currently receive Special Education or 504 Services? Yes No

I agree that the information provided herein is complete and accurate. I understand that this information is being used by the school district for the purposes of registering my child. I agree to promptly inform the school district of any changes in this information, including any changes in the residency of my child.

Parent/Guardian Name (Print)

Signature of Parent/Guardian

Date

Office Use Only

Primary Teacher _____ Art Teacher Band Teacher Music Teacher PE Teacher IT Principal Transportation Office
Guidance Kitchen Sp. Ed. Library