



Three Lakes School District

Student Enrollment Form 2016-2017

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

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 Home Information:

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

City State Zip

Student lives with: 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: _____

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 judgment

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