

Three Lakes School District
Student Enrollment Form 2019-2020

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 (____) _____ Preferred Phone: Cell / Home / Work
 Employer: _____ (Please circle one)

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 (____) _____ Preferred Phone: Cell / Home / Work
 Employer: _____ (Please circle one)

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)

Parent(s) in Military - if applicable, please circle accurate statement

1. Either parent or guardian is on active duty in military
2. Either parent or guardian is a traditional member of the Guard or Reserve
3. Either parent or guardian is a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32

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: <i>Please circle preferred contact #</i>	Relationship to Student
_____	Home: _____ Cell: _____ Work: _____	_____
_____	Home: _____ Cell: _____ Work: _____	_____
_____	Home: _____ Cell: _____ Work: _____	_____

Automated Phone System

The Three Lakes School District uses an automated phone system to communicate with parents.

If you wish to **opt-out** of messages please initial here _____. Do not initial unless you agree to the statement below!

*By initialing, I am acknowledging that I may miss important information sent by the Three Lakes School including school closures and emergencies

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