

Three Lakes School District

Student Enrollment Form 2020-2021

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
(Please circle one)

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

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):

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: _____	_____

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