



FOREST PARK SCHOOL DISTRICT ENROLLMENT FORM



Enrollment Date: _____

BC ___ Immun. ___ H & V ___

Full Legal Name of Student: _____

Street Address: _____ P.O. Box _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Birthdate: _____ Grade: _____

Father/Guardian Name: _____

Street Address: _____ P.O. Box _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Mother/Guardian Name: _____

Street Address: _____ P.O. Box _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Who does this student live with? _____ Both Parents (same home) _____ Shared Parenting (separate homes)
_____ Father (only) _____ Mother (only) _____ Other

Emergency Contact Information: In case of emergency, we will attempt to contact the student's parent/guardian first. In the event we cannot do so, please provide the names of 2 people that we may contact:

Name: _____ Name: _____

Relationship to student: _____ Relationship to student: _____

Phone: _____ Phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question must be answered.)

Part A: Is this student Hispanic/Latino? (please check only one)
_____ No, not Hispanic/Latino
_____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter which box you selected above, please continue to answer the following by marking one or more of the lines to indicate what you consider your student's race to be.

Part B: What is the student's race? (please check one or more)
_____ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America.)
_____ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
_____ Black or African American (A person having origins in any of the black racial groups of Africa.)
_____ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)
_____ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Note: Both parts A and B MUST be completed. We encourage you to select an answer for both parts. If either part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

Language Spoken at Home: _____

Forest Park School District Enrollment Form (page 2)

Previous school enrollment

Name of school last attended

Street Address

City / State / Zip

Phone Number

Fax Number

Has student been suspended or expelled in the last 2 years?

Yes / No (please circle one)

If Yes, please explain when, where and why.

Did your child receive any special education services at a previous school?

Yes / No (please circle one)

If yes, indicate types of services he/she received

_____ Special Education Classes

_____ Speech

_____ Social Work

_____ OT (Occupational Therapy)

_____ PT (Physical Therapy)

_____ 504 Plan

Please list names and birthdates of other children in your household:

Last Name / First Name

Birthdate

Last Name / First Name

Birthdate

Last Name / First Name

Birthdate

Emergency Information

List any medical conditions (allergies, health conditions, medications, etc.) or other information you would like us to share with teachers, office personnel, and bus drivers.

IMPORTANT— PLEASE READ: Each parent of a student has his or her own parental rights over that student, which includes the ability to obtain student records and grades, and the right to have the student released to that parent, unless these parental rights have been terminated or modified. If there has been a modification or termination of parental rights, please include a copy of the court order. In absence of such a court order, each parent's parental rights will be respected. If you have any questions, please talk to the Principal.

Are there any legal restrictions or information the school should be aware of regarding release of the student to the non-custodial parent? If so, please explain:

As the parent/legal guardian, my signature affirms all information provided within this form is true and accurate, and that my child and I reside at the student's address on page one of this form.

Signature of Parent or Legal Guardian

Date

**Forest Park School District
Student Residency Questionnaire**

Your child may be eligible for additional educational services through McKinney-Vento Assistance Act.
To determine your child's eligibility, please complete this form.

Name of Student _____

Address: _____ Phone: _____

Birth Date: ____/____/____ Grade: _____ Sex: _____ Male _____ Female

Is the student's current address a temporary living arrangement? ____ Yes ____ No

Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

**If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.**

Where is the student presently living? (Check one box)

_____ Temporarily with another family in a house or apartment due to loss of housing or economic hardship

_____ With an adult that is not a parent or legal guardian, or alone without an adult

_____ Moving from place to place

_____ In a hotel/motel

_____ Staying in a shelter (family shelter, domestic violence shelter, youth shelter)

_____ Waiting foster care placement or in a new foster care placement (less than 6 months)

_____ In a car, park, campground, abandoned building or any other inadequate accommodation

_____ In an emergency/transitional shelter

_____ Unknown nighttime residence

_____ Other _____

Please check your relationship to the student:

- _____ Parent
- _____ Legal Guardian
- _____ Power of Attorney
- _____ Adult Caring for Student
- _____ Youth living without being in the physical custody of a parent or legal guardian

Signature: _____
The undersigned certifies that the information provided is accurate.

Date: _____

School Use Only

Copies to:

_____ District Liaison / School Counselor
_____ MSDS Data Person
_____ Building Administrator

_____ Food Service Accountant
_____ CA60