



ENROLLMENT FORM

Today's Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

OK Side: \_\_\_\_\_ TX Side: \_\_\_\_\_ Will student ride the bus: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred School Reach Phone Number: \_\_\_\_\_

Date of Birth: (Month/Day/Year) \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex: \_\_\_\_\_

Birthplace: City \_\_\_\_\_ State \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Father/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

➔ Email Address: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

➔ Email Address: \_\_\_\_\_

Permission to administer over the counter meds (ibuprofen, tums, cough drops, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_ Parent's Initials \_\_\_\_\_

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact:

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

(Legal Parent/Guardian Signature)

(Date)

Changes made

No changes made

