



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