

Nebo School District Student Enrollment Form

Student Name: _____ **Gender:** _____ **Birth Date:** _____ **Grade:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Mailing Address: (if different): _____ **Phone:** _____

<p>Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race: (Choose all that apply)</p> <p><input type="checkbox"/> American Indian/Native American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> White</p> <p>Is there a primary language other than English spoken at home?</p> <p><input type="checkbox"/> Yes: Language: _____</p> <p><input type="checkbox"/> No</p>	<p>Has this student been enrolled in Special Education classes in the past 3 years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Resource <input type="checkbox"/> Speech</p> <p>Is there a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a current 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a health care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SCHOOL LAST ATTENDED:</p> <p>_____</p> <p>City: _____ State: _____</p>	<p>Does the student have a history of:</p> <p><input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Heart Problems</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Allergies _____</p> <p>Medications currently taking:</p> <p>_____</p> <p>Special needs or health concerns:</p> <p>_____</p>
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Has the student ever been suspended for a total of more than three days? Yes No

Enrolling Parent/Guardian Name: _____ **Email:** _____
Phones: (Home): _____ **(Cell):** _____ **(Work):** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
(If not living with child)

Student is my biological or adopted child I live with the student Active Military
 I am divorced from child's biological/adoptive parent **(Copy of court order of physical custody of child must be provided BEFORE student will be enrolled in school.)**
 I am NOT the biological or adoptive parent of this child **(Copy of guardianship or court order must be provided BEFORE student will be enrolled in school.)**
 I am the foster/proctor parent of this student **(Copy of placement documentation must be provided BEFORE student will be enrolled in school. Must complete YIC Registration Forms. Contact Landmark and District Office.)**
 None of the above statements describe my relationship to this student. **(Contact District Office.)**

Spouse or other Parent/Guardian Name: _____ **Email:** _____
Phones: (Home): _____ **(Cell):** _____ **(Work):** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
(If not living with child)

Student is my biological or adopted child I live with the student Active Military Other _____
 I am divorced from child's biological parent Foster/Proctor parent Step parent _____

Emergency Contacts not listed above (authorized for school to release student to in an emergency)

Name: _____ Phones: Primary _____ Alternate: _____
 Name: _____ Phones: Primary _____ Alternate: _____

State law requires that a student must have a birth certificate and a current immunization record on file in order to attend school. As custodial parent/legal guardian of this student, I verify that the information to the best of my knowledge is true and correct. I also understand that misrepresentation of any information may result in this student being removed from school permanently or until the issue is resolved.

Signature: _____ **Relationship:** _____ **Date:** _____