

ENROLLMENT INFORMATION FOR BELOIT ELEMENTARY SCHOOL

Student Name _____

First

Middle

Last

Date of Birth _____

Student Gender: _____ Male _____ Female

Office Use Only: Number or date this information was returned: _____

Student's Place of Birth _____ Student's Social Security Number _____

2018-2019: Pre-K KDG
Please circle the grade you are enrolling your child in.

Number your choices #1 & #2 _____ AM Preschool _____ PM Preschool

Father's Full Name _____ Birthdate _____
First Last

Mother's Full Name _____ Birthdate _____
First Last

Marital Status Mother _____ Father _____

Father's Address _____
City _____ State _____ Zip _____

Mother's Address _____
City _____ State _____ Zip _____

Please check the box above if either address is new since last school year.

Do you live more than 2.5 miles from school? _____ YES _____ NO

If yes, how many miles from school do you live? _____

Will your child ride a bus? _____ YES _____ NO

School District Number _____ (if other than Beloit)

If your child rides a bus, name the person your child can stay with in the event of a storm emergency when buses don't run.

_____ Person's Name _____ Address _____ Phone # _____

Primary Phone # for Automated System _____

Mother's Home Phone _____ Mother's Cell Phone _____

Mother's Work Phone _____ Place of Business _____

Father's Home Phone _____ Father's Cell Phone _____

Father's Work Phone _____ Place of Business _____

E-Mail Address _____

Did you graduate from high school or GED? Mother: _____ Yes _____ No; Father: _____ Yes _____ No

Did you graduate from college? Mother: _____ Yes _____ No; Father: _____ Yes _____ No
If yes, how many years? Mother _____ Father _____

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

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

Part B: **What is the student's race?** (choose one or more)

_____ **White** (A person having origins in any of the original peoples of Europe, Middle East, or North Africa)

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment)

_____ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent Including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine 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 peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

If different than the name indicated on this form, what name does your child go by. (ex. nickname, middle name, etc.)

My child has permission to take field trips. I understand out of town field trips will have other information sent before they go.

Parent Signature

Be sure to sign the above!

PLEASE CONTINUE ON BACK

Child's Name _____

On which date did your child first enroll in school in the USA? _____

What language did your child first learn to speak/use? English _____ Spanish _____ Other _____

What language does your child most often speak/use at home? English _____ Spanish _____ Other _____

What language do you most often speak/use with your child? English _____ Spanish _____ Other _____

What language do the adults at home most often speak/use? English _____ Spanish _____ Other _____

In which language do you read/write? English _____ Spanish _____ Other _____

Is your child on a current IEP for special education if coming from another school? _____

Do you feel your child might need help from a special education class or Title I class? _____ YES _____ NO

If yes, which type of class? _____

Family Physician (Beloit) _____

Number of Brothers: _____ Ages _____ Number of Sisters: _____ Ages _____

Please number from 1 to 5 the order in which you would like us to follow the emergency procedures listed below. Please fill in the information requested.

_____ Contact Father at _____ Phone _____

_____ Contact Mother at _____ Phone _____

_____ Contact Family Physician _____ Phone _____

_____ Take child to emergency room _____ Phone _____

_____ Take child to any licensed physician

_____ OTHER _____

Health Insurance Plan: _____ (please write name of health plan) _____ No health plan

Parent Signature _____

Are there any physical or medical conditions that our school nurse and/or your child's teacher should be aware of?
PLEASE LIST OR EXPLAIN:

I give permission for the school nurse to release this information to appropriate school personnel:

Parent/Guardian Signature: _____

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Was your child enrolled in another school last year? If so, please fill in the following information.

Name of school last attended: _____

Grade child was enrolled in during the 2017-2018 school year or grade your child was in when left the previous school _____

Date you left this school _____ Reason for leaving _____