



**Enrollment Form
Beloit Elementary
USD 273**



STUDENT INFORMATION

Please use legal name as it appears on birth certificate.

Student Last Name: _____ First: _____ Middle: _____
 Birthdate: _____ Gender: _____ Grade: _____ If PreK (Please Number Order of Preference): AM PreK PM PreK
 Has the student ever attended Beloit Schools before? Yes No If yes, years attended: _____
 Previous School Name: _____
 Does your child currently receive Special Education services through an Individualized Educational Plan (IEP)? Yes No
 Do you live more than 2.5 miles from school? Yes No Parent/Guardian initials _____
 Will your child ride the bus? Yes No

Race and Ethnicity: BOTH Part A and Part B MUST be answered.

Part A: What is the student's ethnicity? Is the student Hispanic/Latino or of Spanish origin? (Choose only one)

- No, not Hispanic/Latino Yes, Hispanic/Latino

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

- American Indian or Alaskan Native** - A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a 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, 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 peoples 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.

FAMILY INFORMATION - Please list additional family and household information on back.

First Family/Guardian: _____ <small>(Mom & Dad)</small>	Second Family/Guardian: _____ <small>(Mom & Dad)</small>
Street Address: _____	Street Address: _____
City, State ZIP: _____	City, State ZIP: _____
Preferred Phone: _____	Preferred Phone: _____
Work Phone: _____ Employer: _____	Work Phone: _____ Employer: _____
E-mail Address: _____	Email Address: _____
Relationship: _____	Relationship: _____

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

What language did your child first learn to speak? _____ What language does your child most often speak at home? _____

What language do you most often speak with your child? _____ What language do the adults at home most often speak? _____

EMERGENCY INFORMATION

Please list at least one person other than parents who could pick up your child. We will attempt to call parents first. Please write clearly.

	Name	Relationship	Preferred Phone	Work Phone
1	_____	_____	_____	_____
2	_____	_____	_____	_____

I attest that the information contained herein is correct to the best of my knowledge.

(Legal Parent/Guardian Signature)

(Date)