

# 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 \_\_\_\_\_

**2019-2020:**  
**Please circle the grade you are enrolling your child in.**

KDG 1st 2nd 3rd 4th 5th 6th

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 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)

\_\_\_\_\_  
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: \_\_\_\_\_ No health plan  
(please write name of 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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Were you 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 2018-2019 school year or grade your child was in when left the previous school \_\_\_\_\_

Date you left this school \_\_\_\_\_ Reason for leaving \_\_\_\_\_