

# Culdesac School

## Student Enrollment

Date \_\_\_\_\_ Start Date \_\_\_\_\_ Grade \_\_\_\_\_

### STUDENT INFORMATION

Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street City State Zip

Mailing Address *(If different than above, must show proof of residency)*

Street City State Zip

Home/Cell Phone \_\_\_\_\_ Student's Gender  Female  Male

Date of Birth \_\_\_\_\_ Birth City/State \_\_\_\_\_

### Please declare both Ethnicity and Race:

Ethnicity: Is the student Hispanic/Latino?  No  Yes

Race: Student's race (Choose all that apply)  White (Caucasian)  Black/African American  Asian  American Indian/Alaskan Native  Native Hawaiian or other Pacific Islander

### Is Student a Dependent of a Member of:

1. Active Duty Military Forces full time 2. National Guard or Reserve 3. Not Military Connected (circle one)

### PARENT/GUARDIAN INFORMATION

Student Lives At Above Address Lives With: (Please check all that apply)

Mother  Father  Stepmother  Stepfather  Other \_\_\_\_\_

Adult #1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian E-Mail Address \_\_\_\_\_

Adult # 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Custody:  Mother Only  Father Only  Joint  Guardian  Foster Care

### Parent Not Living At Above Address

Name \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Relationship \_\_\_\_\_

Is contact with student allowed?  Yes  No

Copy of Legal Documentation with Restrictions  Yes  No

May they pick up the student?  Yes  No

Receive Mailings  Yes  No

**LOCAL EMERGENCY INFORMATION (We will contact these people, in the order they are listed, in case of an injury or illness.) Parents/Guardians, if you want to be 1st, 2nd or 3rd contact, include yourselves here.)**

Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_  
 (Last, First)

Phone \_\_\_\_\_ Phone Type \_\_\_\_\_  
 (cell, home or work)

Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_  
 (Last, First)

Phone \_\_\_\_\_ Phone Type \_\_\_\_\_  
 (cell, home or work)

Contact #3 \_\_\_\_\_ Relationship \_\_\_\_\_  
 (Last, First)

Phone \_\_\_\_\_ Phone Type \_\_\_\_\_  
 (cell, home or work)

**PREVIOUS SCHOOL**

School Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date Withdrew \_\_\_\_\_

Has Student ever attended Culdesac School?  Yes  No Date \_\_\_\_\_

**SPECIAL PROGRAMS (Programs in which the student is currently enrolled)**

Special Ed. /IEP  Title 1 Reading/Math  Speech  PT  OT  Limited English Proficiency  Gifted/Talented  504  
 Student's Primary Language \_\_\_\_\_ Home Language \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health Problems \_\_\_\_\_

Allergies \_\_\_\_\_

Prescription Medication \_\_\_\_\_ Take at school?  Yes  No

How does your student commute to school? Circle One: WALK DRIVE Mission Creek Bus Cottonwood Creek Bus
If the student drives please list vehicle details: Vehicle Year: _____ Make: _____ Model: _____ Color: _____
Lic.#: _____
Please explain any special instructions you may have for your child in the event of an unplanned release.

**Siblings attending Culdesac School**

Legal Name _____	Birthdate _____	Grade _____
Legal Name _____	Birthdate _____	Grade _____
Legal Name _____	Birthdate _____	Grade _____
Legal Name _____	Birthdate _____	Grade _____

**PARENT/GUARDIAN SIGNATURE \_\_\_\_\_**

Office Use Only: Record Request: \_\_\_\_\_ Received: \_\_\_\_\_ Immunization Records: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_ A.S.B. Card: \_\_\_\_\_ Lunch: \_\_\_\_\_

Locker / Lock: \_\_\_\_\_ Bus Route: \_\_\_\_\_