

**Blachly School District  
Enrollment Form**  
Date Received \_\_\_\_\_

[This section to be filled out by Office Staff.]  
Date of Entry: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Out of District \_\_\_\_\_ District No. \_\_\_\_\_  
SEC \_\_\_\_\_ SpSv \_\_\_\_\_ HLT \_\_\_\_\_ FT \_\_\_\_\_ PR \_\_\_\_\_

**Student's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

Student's Legal Name (if different from above) \_\_\_\_\_

Gender  M  F Student's Social Security # (optional) \_\_\_\_\_

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_ Grade \_\_\_\_\_, school year \_\_\_\_\_,

Mailing Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

**Please answer both questions below for accurate state reporting:**

Ethnicity: Latino/Hispanic (descended from a Spanish-speaking country of the Americas)  Yes  No

Race: (Please select one or more)  American Indian or Alaskan Native,  Asian,  
 Black/African American,  Native Hawaiian/Pacific Islander,  White

Home language \_\_\_\_\_ Language of Correspondence \_\_\_\_\_

**Student Lives With:**  Both Parents  Mother only  Father only  Guardian

Is this person the custodial parent?  Yes  No

**Father/Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_ ext. \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_ ext. \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does this student have security-related needs the school should be apprised of? (i.e. interference from non-custodial relatives, restraining orders, etc.)  Yes  No

Has your student ever been expelled from a school?  No  Yes If yes, when? \_\_\_\_\_

Last School Attended \_\_\_\_\_ Previous Grade Level \_\_\_\_\_

City/State \_\_\_\_\_ Resident School District \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Has your child received **special services** within the last year? If yes, check those that apply:

Speech  Gifted  Resource Room  Title I Reading  
 Self Contained  Title I Math  ESL  504

Does your child have any **health** problems of which we should be aware, such as:

bee sting  food allergy  diabetes  asthma  hay fever  
 heart condition  convulsions (epilepsy)  other (describe) \_\_\_\_\_

Does your child take medicine regularly?  yes  no

(If the student must receive medication at school, please fill out the appropriate permission form.)

**Federal Funding:** Under public Law No 874, the district can receive federal money for each child if the parent:  
 Works on Federal Land (B)  is in the Active Armed Forces (W)  Lives on Federal Land (R)

**Field Trips:** Over the course of the year, your child may have the opportunity to participate in educational field trips requiring your child to leave the school grounds. Can your child participate?  
 Yes, I give permission  No, I do not give permission

**Photo Release:** Your child's photo may be taken for inclusion in the district publications or in local newspapers or magazine articles or letters relating to school activities. Please check:  
 Yes, I give permission  No, I do not give permission

Document completed by:

Name Printed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_