

Howard School District 48-3 Enrollment Form



Section I: Student Information

Today's Date: _____

Student Name: _____

Last

First

Middle

Birth Date: _____(mm/dd/yy) Gender: Male or Female (circle) US Citizen: Yes or No (circle)

Birth Place: City _____, State _____, Country _____

Ethnicity (Required Answer): _____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino

Race (Required Answer):

_____ White _____ American Indian/Alaska Native _____ Black/African American

_____ Asian _____ Native Hawaiian/Pacific Islander _____ Other: _____

Current Grade Level: _____

Previous School Attended: _____

Name

City

State

Special Services

Does your child currently receive Special Education Services? _____ Yes; _____ No

Does your child currently have a 504 Plan? _____ Yes; _____ No

Has your child ever participated in the following services: _____ Title I; _____ Speech; _____ Other

If other, please explain: _____

General Health

Does your child have any allergies, medical conditions, dietary restrictions, vision or hearing, cardiac, diabetes, etc. Please list all: _____

Section II: Family Information/Contact Information

Primary Household

Parent Name/Guardian 1: _____

Last

First

Middle

Parent Name/Guardian 2: _____

Last

First

Middle

Resident Address: _____

Street

Apt. #/PO Box

City

State

Zip Code

Home Phone: _____; Cell Phone: _____; Email Address: _____

Work Phone: _____; Place of Employment _____

School Age Siblings: _____

Name & DOB

Name & DOB

Name & DOB

Name & DOB

(over)

Secondary Household (In the event of dual households)

Parent Name/Guardian 1: _____
Last First Middle

Parent Name/Guardian 2: _____
Last First Middle

Resident Address: _____
Street Apt. #/PO Box City State Zip Code

Home Phone: _____; **Cell Phone:** _____; **Email Address:** _____

Work Phone: _____; **Place of Employment** _____

Is there a joint custody or parenting plan in effect? _____ Yes; _____ No

If so, is there a restraining order in effect? _____ Yes; _____ No

Section III: Emergency Contact Information

In the event of emergency when no parent or guardian is able to be contacted, please list an emergency contact for your child:

Emergency Contact Name: _____
Last First Middle

Home Phone: _____; **Cell Phone:** _____; **Email Address:** _____

Work Phone: _____; **Place of Employment** _____

Student Cell Phone (In the need of school emergency): _____

Section IV: Home Language Survey

A local school district may administer a home language survey to students enrolled in the district as the first screening process to identify students with limited English proficiency.

What is the language most frequently spoken at home? _____ English; _____ Other

Which language did your child learn when he/she first began to talk? _____ English; _____ Other

What language does your child most frequently speak at home? _____ English; _____ Other

What language do you most frequently speak to your child? _____ English; _____ Other

Section V: McKinney-Vento Act

The McKinney-Vento Homeless Assistance Act defines homeless children and youths in the effort to insure they receive a seamless education. If you answer yes to either question below, you will be contacted to determine eligibility for services under this act.

Is your current living arrangement a result of loss of housing or economic hardship? _____ Yes; _____ No

Do school aged children lack a fixed, regular and adequate nighttime residence? _____ Yes; _____ No

Section VI: Active Military Parent

Does this child have a parent currently on active duty in the military? _____ Yes; _____ No

I verify the above information to be true and accurate.

Parent/Guardian Signature

Parent/Guardian Signature