

# STUDENT ENROLLMENT FORM

UNION COUNTY PUBLIC SCHOOLS

For Office Use Only:

Student ID \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Grade \_\_\_\_\_  
Registration completed \_\_\_\_\_ School \_\_\_\_\_  
Need  Immunization Record  Birth Certificate  POR Transportation \_\_\_\_\_  
School Receiving Packet \_\_\_\_\_ Teacher's Name \_\_\_\_\_  
Date Received \_\_\_\_\_ Packet received by \_\_\_\_\_

Please indicate the student's academic placement:

- New Kindergartener for the \_\_\_\_\_ school year  
 New Pre-Kindergartener for the \_\_\_\_\_ school year  
 New student entering grade \_\_\_\_\_ for the \_\_\_\_\_ school year

## Student Information

Birth certificate or other satisfactory evidence of age and official record of immunizations must be presented at time of enrollment. Copies of these documents are to be placed in folder and originals returned to parent/guardian.

Legal Name \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Nickname

Physical address \_\_\_\_\_  
House/Apt. Number Street City State Zip

Mailing Address(if different) \_\_\_\_\_  
House/Apt. Number Street City State Zip

Home Phone \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year City/State/Country

Ethnicity:  Hispanic  Non-Hispanic  
Race: (select all that apply)  American Indian  Black  Asian  Hawaiian/Pacific Islander  White

Child resides with \_\_\_\_\_ Relationship to Student

Legal Custodian \_\_\_\_\_ Legal paperwork provided to school  Yes  No

## Family Information

**Father's** Full Name \_\_\_\_\_

Place of Birth (City/State/Country) \_\_\_\_\_ Deceased  Yes  No

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Highest Education level completed \_\_\_\_\_ E-mail address \_\_\_\_\_

**Mother's** Full Name (include maiden name) \_\_\_\_\_

Place of Birth (City/State/Country) \_\_\_\_\_ Deceased  Yes  No

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Highest Education level completed \_\_\_\_\_ E-mail address \_\_\_\_\_

**Stepparent's, Legal Guardian's, or Sponsor's** information (if applicable) Relationship to student \_\_\_\_\_

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

Home/Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

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## Other Information

**Pick up Child**

Emergency Contact _____ (Other than parent)	Name _____	Relationship _____	Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact _____ (Other than parent)	Name _____	Relationship _____	Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact _____ (Other than parent)	Name _____	Relationship _____	Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If someone does **not** have your permission to pick up your child, please list name and relationship.

Other children in the family (please note if the sibling is a stepsibling)

Name _____	School _____	Grade _____
Name _____	School _____	Grade _____
Name _____	School _____	Grade _____

Give pertinent health or medical information and instructions (including any medicines prescribed and any physical restrictions)

Permission to obtain medical attention  Yes  No

Medical Provider \_\_\_\_\_

Name _____	Address _____	Phone _____
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Dentist \_\_\_\_\_

Name _____	Address _____	Phone _____
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## Please indicate the student's previous academic placement (if applicable)

<input type="checkbox"/> Private School _____	Name _____	Street Address, City, State, Zip _____
<input type="checkbox"/> Charter School _____	Name _____	Street Address, City, State, Zip _____
<input type="checkbox"/> Public School _____	Name _____	Street Address, City, State, Zip _____
<input type="checkbox"/> Group Home/Institution _____	Name _____	Street Address, City, State, Zip _____
<input type="checkbox"/> Home School _____	Name _____	Street Address, City, State, Zip _____

Date last attended previous placement \_\_\_\_\_ Grade \_\_\_\_ Homeroom teacher \_\_\_\_\_  
Month/Year

Has the student ever been enrolled in Union County Public Schools?  Yes  No

If yes, School Name \_\_\_\_\_ School Year \_\_\_\_\_

Is the student identified as a student with special needs and being served with a(n):

Individualized Education Program (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has a copy of the plan been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has a copy of the plan been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Academically Gifted (AIG or TD) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has a copy of the plan been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No

Has the child ever been retained?  Yes  No If yes, what grade? \_\_\_\_\_

Has the student ever left any school due to a Suspension or Expulsion?  Yes  No If yes, explain: \_\_\_\_\_

## Transportation

Morning-student will arrive by  Bus  Car  Walk Afternoon-student will leave by  Bus  Car  Walk

## Military Information

Does your child have any member of their immediate family serving in the US Armed Forces?  Yes  No

If yes, \_\_\_\_\_

Name _____	Relationship _____	Branch of military service _____
Name _____	Relationship _____	Branch of military service _____

Parent/Legal Guardian \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_