

Nebo School District Student Enrollment Form

Student

Name: _____ Gender: _____ Birth date: ____/____/____ Grade: _____

First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ Phone: (____) _____

Hispanic/Latino? Yes No

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

Has this student been enrolled in Special Education classes in the past three years? Yes No

Is there a current IEP? Yes No Is there a current 504 plan? Yes No Is there a health care plan? Yes No

Does the student have a history of: Seizures Diabetes Asthma Heart Problems Other _____

Special needs or health concerns: _____

Medication currently taking: _____

Allergies: _____

Is there a primary language other than English spoken at home? Yes No If yes, what language? _____

Last School Attended: _____ City: _____ State: _____

Has the student ever been suspended for a total of more than three days? No Yes

If yes, explain: _____

(Please mark all that apply)

Enrolling Parent/Guardian I live with the student The student is my biological or adopted child

Divorced? No Yes (if yes, provide court order of physical custody)

Legal Guardian Foster Parent Proctor Parent Other _____ District Approval _____ (Call Coordinator of Student Services)

Gender: F M

Name: _____ Phones: Home (____) _____ Work (____) _____ Cell (____) _____

First Last

Address: _____ City: _____ State: _____ Zip: _____

(if not living with child)

Mailing Address (if different): _____ Email: _____

(Please mark all that apply)

Other Parent/Guardian Lives with the student The student is a biological or adopted child of this person

Divorced? No Yes (if yes, provide court order of physical custody)

Legal Guardian Foster Parent Proctor Parent Other _____ District Approval _____ (Call Coordinator of Student Services)

Gender: F M

Name: _____ Phones: Home (____) _____ Work (____) _____ Cell (____) _____

First Last

Address: _____ City: _____ State: _____ Zip: _____

(if not living with child)

Mailing Address (if different): _____ Email: _____

Emergency Contacts (authorized for school to release student to in an emergency)

Name: _____ Phones: Home (____) _____ Work (____) _____ Cell (____) _____

First Last

Relationship to student: _____

Name: _____ Phones: Home (____) _____ Work (____) _____ Cell (____) _____

First Last

Relationship to student: _____

State law requires that a student must have a birth certificate and a current immunization record on file in order to attend school. As custodial parent/legal guardian of this student, I verify that the information to the best of my knowledge is true and correct. I also understand that misrepresentation of any information may result in this student being removed from school permanently or until the issue is resolved.

Signature: _____ Relationship: _____ Date: ____/____/____