

School (Please print in ink) _____

Pupil's Legal Name _____ Sex: F ___ M ___
 Last First Middle Nickname

Date of Birth: _____ Place of Birth: _____
 Mo. Da. Yr. City State

Certification of Birth: _____ Social Security No: _____

Address: _____ Phone: _____
 No. Street City State Zip

2. _____ Phone: _____

3. _____ Phone: _____

Family Information	Father	Mother	Guardian	Date Enrolled	Age	Grade
Legal Name						
Check One	Natural _ Step _ Foster _	Natural _ Step _ Foster _	Relation to Child:			
Home Address if Different from Above						
Home Telephone						
Cell Phone						
Occupation						
Education						
Business Address						
Work Phone						
Birth Date						
Birth Place						
U.S. Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Yes <input type="checkbox"/> No <input type="checkbox"/> Other:			
SDA Member	Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Yes <input type="checkbox"/> No <input type="checkbox"/> Other:			
Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other:	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other:	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other:			

Other Persons living with the family _____ Relationship to child _____

Church child attends _____ Denomination _____

Baptism: Yes No Place: _____ Date: _____ Age: _____

Children in family in order of birth including this child:				Transfer Students Only: NOTE: Grade placement of transfer pupils is tentative until official transcript and records are received from last school.
Names	Living at home	Sex	Birth Date Mo. Da. Yr.	
				School Last attended: _____
				Address: _____ Street & Number
				City State Zip

Please provide a record from a physician of all immunizations given.
 Check any of the following diseases the student has had:

- | | | | |
|---|--|---|-----------------------|
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Chorea | Please explain: _____ |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Injury | |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Immunized against Diphtheria | Please explain: _____ |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Smallpox | <input type="checkbox"/> Small Pox Vaccination | |
| <input type="checkbox"/> Typhoid | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Operation | |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio Shots | | |

Date of last physical exam _____ Current physical exam forms brought for grades (K or 1) _____; (4) _____; (7) _____

Factors which may interfere with the child's learning: Hearing _____; Sight _____; Speech _____; Malnutrition _____; Heart _____; Nervousness _____;

Easy fatigue _____; Emotional problems _____; Language other than English used in the home _____

Person to notify in emergency: 1. _____ Phone: _____
2. _____ Phone: _____

Physician to call in emergency: _____ Phone: _____

If this physician is not available, does the school have your permission to call another? _____

My child will go to and from school: Walk ____; Bicycle ____; Family Car ____; Car Pool ____; Public Transportation ____

Where will child go regularly after school? _____ (Parental note needed for any change.)

If applicable during year, date of withdrawal: _____ Reason: _____

Has student ever been suspended or expelled from any school? _____ If so, explain on back.

Eighth Grade Diploma Date: _____ Eighth Grade Certificate Date: _____

We understand the requirements and regulations of the school and pledge our full cooperation.

Pupil Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

OFFICE USE ONLY

Legal Name _____ / _____
Last First Middle Nickname

Circle Grade K 1 2 3 4 5 6 7 8 9 10 11 12

Approved for School Year 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027

School Board Chairperson Signature _____ Date _____