



**STUDENT ENROLLMENT/RE-ENROLLMENT FORM**      **SCHOOL YEAR** \_\_\_\_\_

Please check one: ☐ New Enrollment      ☐ Re-enrollment

Student Name \_\_\_\_\_

Date \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**Father** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Mother** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Medications \_\_\_\_\_

Allergies, illnesses, injuries, hospitalizations within last 12 months \_\_\_\_\_

Physician/Pediatrician \_\_\_\_\_ Telephone # \_\_\_\_\_

Physician Address \_\_\_\_\_

**IN CASE OF EMERGENCY OR ILLNESS, IF PARENT/GUARDIAN CANNOT BE REACHED, NOTIFY:**

1. Name \_\_\_\_\_ Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Address \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Address \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
(print) (sign)

Administrator: Tammy Salinas  
(print) (sign)