



# EDUCATE. SERVE. INSPIRE.

Providing high-quality education in a safe, healthy environment and developing responsible citizens who become productive members of society.

## STUDENT ENROLLMENT FORM

### Student Information:

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
*Last First Middle*

DOB: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Demographics:

#### Race, Culture, and/or Ethnicity:

- White
- Black/African American
- Hispanic/Latino
- American Indian/Alaskan Native
- Asian
- Pacific Islander
- Other: \_\_\_\_\_

Gender:  Male  Female

#### Birth Information:

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Certificate #: \_\_\_\_\_

### Mailing Address:

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

### Street/911 Address: (if different from mailing address)

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

Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has the student previously attended a LCSD school?  Yes  No If yes, which school? \_\_\_\_\_

Was the student recently enrolled or previously enrolled in any of the following services:

- Special Education  Gifted  Speech  English Language Learner  504

### Parent/Guardian Information:

1. Parent/Guardian Name: \_\_\_\_\_ Custodial Parent?  Yes  No

Relation to Child: \_\_\_\_\_ Military Service?  None  Active Duty  National Guard

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Level of Education:  High School  Some College/Technical  College Degree

2. Parent/Guardian Name: \_\_\_\_\_ Custodial Parent?  Yes  No

Relation to Child: \_\_\_\_\_ Military Service?  None  Active Duty  National Guard

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Level of Education:  High School  Some College/Technical  College Degree

List names of siblings (under age 21): \_\_\_\_\_

### FOR OFFICE USE ONLY

Date: \_\_\_\_\_

School: \_\_\_\_\_

MSIS ID: \_\_\_\_\_

Student ID: \_\_\_\_\_

Grade: \_\_\_\_\_

Entry Code: \_\_\_\_\_

HR Teacher: \_\_\_\_\_

#### Check if applicable:

- Birth Certificate
- Immunization Compliance
- Verification of Residence
- Acceptable Use Policy
- Publicity Permission Form
- Social Security Card
- Immigrant
- Migrant
- Homeless Assistance Act
- Limited English

Verified by: \_\_\_\_\_

#### Other Information:

- Rides Bus # \_\_\_\_\_
- Walks
- Car Rider
- Tuition Student
- District # \_\_\_\_\_
- In-District Transfer
- Home School

#### Transfer Records

Ordered from: \_\_\_\_\_

Ordered by: \_\_\_\_\_

Records received:  Yes  No

Date received: \_\_\_\_\_

Medications: \_\_\_\_\_

Special needs (medical, emotional, or educational): \_\_\_\_\_

Physical limitations or restrictions: \_\_\_\_\_

**Home Language Survey:** *The purpose of this survey is to identify students who may be in need of English Language Learner services.*

1. What language was **first** learned by the student? \_\_\_\_\_
2. What language is **most often** spoken by the student? \_\_\_\_\_
3. Are any languages, other than English, spoken in the student's home?  
Yes No If yes, what language? \_\_\_\_\_  
Please explain: \_\_\_\_\_
4. Does the parent/guardian need interpretation services and/or translated materials? Yes No If yes, what language? \_\_\_\_\_

**Migrant Eligibility:**

*If you [parent or guardian] have moved and/or changed jobs in the last 3 years, did you seek employment or get any of the following jobs listed below?*

- Farming (crops, catfish, Christmas trees, sod, etc.)
- Trees (cutting, planting or cultivating)
- Processing Crops (ginning, meal processing, meat packaging or canning in a plant)
- Commercial Fishing

**Homeless Eligibility:** *"Any individual imprisoned or otherwise detained pursuant to an Act of Congress or state law" is excluded from homeless eligibility.*

1. Does the student lack a fixed, regular, and adequate residence? For example: agricultural/migrant children, children living in tents, vehicles, etc.  
Yes No
2. Does the student have a primary nighttime residence in a supervised or privately operated shelter? For example: children who have been abused and/or neglected, children escaping domestic violence, children in welfare housing or hotels Yes No
3. Is the student temporarily staying with relatives or friends because of loss of job, other income loss, and/or housing loss? For example: "doubled up" families Yes No

**Immigrant Children and Youth:** *Complete this section only if the student was born outside of the United States or US Territories.*

- Where was the student born? \_\_\_\_\_
- Has the student previously attended school in the US or a US territory? Yes No
- If yes, where? \_\_\_\_\_
- Date of enrollment in US school? \_\_\_\_\_
- Was the student enrolled in a US school for **3 or more full** academic years? Yes No

**Transfer Students:** *Complete only if the student is transferring from another district.*

Is the student transferring from a non-public school? Yes No If yes, was it accredited? Yes No

What was the accrediting organization? \_\_\_\_\_

Has the student ever been suspended or referred to an alternative school? Yes No

Dates attended: \_\_\_\_\_ Reason for suspension or placement: \_\_\_\_\_

Is the student returning from placement at a mental health facility? Yes No If yes, where? \_\_\_\_\_

Dates attended: \_\_\_\_\_

**Emergency Contacts:** *Please list four additional emergency contacts in case parent/guardian cannot be contacted.*

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

Home/Cell Phone #: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

Home/Cell Phone #: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

Home/Cell Phone #: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

Home/Cell Phone #: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

**Photo Release Permission:** As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

- Yes, I give consent for LCSD to photograph my child for school purposes and/or at school events.
- No, I do not authorize LCSD to photograph for my child for any event.

**Parent Signature and Release:** I will not hold LCSD or any school therein financially responsible for the emergency care and/or transportation of said child in the event of an emergency. The information provided on this form is true and correct. I understand that I am to inform school officials of any changes to child custody, address of residency, and/or my phone number.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_