



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): _____

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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 currently reside in a shelter as their primary nighttime residence? 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/Video 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/video my child for school purposes and/or at school events.
- No, I do not authorize LCSD to photograph/video 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: _____

