

NEW STUDENT ENROLLMENT

Please complete **BOTH SIDES** of this form carefully.

School: _____

Grade: _____

STUDENT INFORMATION (PLEASE PRINT)

Last	First	Middle	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Has student previously been enrolled at Germantown Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language: <input type="checkbox"/> English <input type="checkbox"/> Other _____
Ethnicity/Race (Please complete BOTH questions)		Student lives with: (check one)		School student last attended:		OFFICE USE ONLY: Grade level verified by: _____ Birth Certif. verified by: _____ State/County: _____ Proof of Residency verified by: _____ Date enrolled in GTSD: _____
Is the student Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> Is the student one or more of these races? (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian		<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____		School Name: _____ _____ City _____ State _____ Phone: _____ Teacher: _____ Grade: _____		

PRIMARY HOUSEHOLD (WHERE STUDENT RESIDES) CONTACT INFORMATION (PLEASE PRINT)

PRIMARY HOUSEHOLD ADDRESS: _____ **Zip:** _____ **Primary Phone:** _____

Parent/Guardian Name: _____ **Relationship to Student:** _____ **Cell Phone:** _____

Email Address: _____ **Work Phone:** _____

Employer Name: _____ **Hours:** _____

Parent/Guardian/Other Name: _____ **Relationship to Student:** _____ **Cell Phone:** _____

Email Address: _____ **Work Phone:** _____

Employer Name: _____ **Hours:** _____

Is there a Secondary Household? Yes No *If Yes provide on page 2

Check this box with "X" if legal restrictions are in effect for this student. (A copy of the court order must be provided to the Principal.)

EMERGENCY CONTACT INFORMATION List 2 local relatives or friends to use for contacts (PLEASE PRINT)

Last Name	First Name	Relationship to child	Home Phone	Cell/Work Phone
Last Name	First Name	Relationship to child	Home Phone	Cell/Work Phone

(See Reverse Side)

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School: _____

Grade: _____

STUDENT INFORMATION (PLEASE PRINT)

Last Name	First Name	Middle Name
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SPECIAL SERVICES (PLEASE PRINT)

Has your child received or been receiving any Special Services such as: Special Education, Speech/Language Therapy, Counseling, Gifted & Talented, ELL, etc. Yes No

If yes, please list services received. _____

HEALTH (PLEASE PRINT)

Existing conditions: Asthma Allergies (list) _____ Diabetes Seizures. If your child takes prescription medication, has a hearing loss, vision problem, physical disability or ANY condition which might affect school performance, please explain below.

Physician:

Name	Address	Phone
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EXPULSION

Is this student currently under an expulsion order or been expelled from another school district?

Yes* No Date: _____ **In accordance with Board Policy, the registration is held in abeyance until review by the Superintendent on a case-by-case basis.*

SECONDARY HOUSEHOLD PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

SECONDARY HOUSEHOLD ADDRESS: _____	Zip: _____	Primary Phone: _____
Parent/Guardian Name: _____	Relationship to Student: _____	Cell Phone: _____
Email Address: _____		Work Phone: _____
Employer Name: _____	Hours: _____	
Parent/Guardian/Other Name: _____	Relationship to Student: _____	Cell Phone: _____
Email Address: _____		Work Phone: _____
Employer Name: _____	Hours: _____	

I understand that the information provided on the pupil emergency card will be shared with all personnel who need to know this information to protect the life and safety of my child. I, the undersigned, do hereby authorize officials of Germantown School District to contact directly the persons named on the card, and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this card or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian Signature: _____

FOR OFFICE USE ONLY

RECORDS SENT FOR: _____

DATE: _____ BY: _____

RECEIVED: _____