

# STUDENT ENROLLMENT FORM

STUDENT NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SEX: \_\_\_\_\_

DIRECTIONS TO HOME: \_\_\_\_\_  
\_\_\_\_\_

BUS NUMBER: \_\_\_\_\_

STUDENT IS LIVING WITH: \_\_\_\_\_

(Circle one)

FATHER/STEPFATHER/GUARDIAN: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

MOTHER/STEPMOTHER/GUARDIAN: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_

OTHER RESPONSIBLE ADULT: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Health Problems: \_\_\_\_\_  
\_\_\_\_\_

Medicaid: Yes \_\_\_\_\_ No \_\_\_\_\_

DOCTOR: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any health problems that might interfere with normal school activities, including participation in regular physical education activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child take daily medication at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child take daily medication at school? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of medication(s) and the reason for taking it: \_\_\_\_\_  
\_\_\_\_\_

Can your child be given an age-appropriate dose of generic Tylenol? Yes \_\_\_\_\_ No \_\_\_\_\_

(We will still try to reach you each time your child needs Tylenol. Also, this does not mean a child with a fever or in a moderate amount of pain should come to school.)

Please list name(s) and ages of any sibling(s) in the Mountain Home School District: \_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST PERSON(S) WHO ARE LEGALLY PROHIBITED FROM CONTACT WITH YOUR CHILD: \_\_\_\_\_

I have provided Legal Documents for student file: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Legal Guardian