

**WOODLAND ELEMENTARY SCHOOL  
ENROLLMENT FORM**

\_\_\_\_\_  
DATE ENROLLED

\_\_\_\_\_  
GRADE

**STUDENT INFORMATION**

Name \_\_\_\_\_ Gender    F    M    Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_  
(on Birth Certificate – Last, First, Middle)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ Fire No. \_\_\_\_\_

9-Digit Zip Code \_\_\_\_\_ Language Spoken in Home \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_

Racial/Ethnic Code (No. 1-6) Required by State (If you are equal parts of more than one race, you may put the number "1" on more than one line.)

American Indian or Alaska Native

White

Native Hawaiian or other Pacific Islander

Asian American

Hispanic or Latino

Black or African American

**Does your child receive any special services? (Please Check)**

Special Education/Learning Disability

Area of Disability \_\_\_\_\_

Speech

Remedial Math (Title I)

Gifted/Talented

Remedial Reading (Title I)

Social Worker

Other

**SCHOOL LAST ATTENDED:** \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION FOR PERSON/S CHILD RESIDES WITH**

**Father/Guardian** \_\_\_\_\_

(Last)

(First)

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If not father, what relationship to child are you? \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_

(Last)

(First)

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If not mother, what relationship to child are you? \_\_\_\_\_

**Stepparent** \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

**Stepparent** \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

**MARITAL STATUS OF PARENTS (Please check one):**

Married

Remarried

Separated

Divorced

Single

Living Together

**NONCUSTODIAL PARENT INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_

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

**EMERGENCY INFORMATION** (person other than yourself to contact if your child is ill)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**OTHER CHILDREN LIVING AT HOME**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**CHILD'S HEALTH INFORMATION**

Does your child have any health problems? If YES, explain.

Does your child have any medication? If YES, what medication(s).

Does your child take any medications during school hours? If YES, what medication(s).

Are there any school activities in which your child cannot participate? If YES, explain.

Is there any other information that would be helpful to school personnel in meeting your child's needs?

MY CHILD \_\_\_\_\_ HAS PERMISSION TO PARTICIPATE IN EDUCATIONAL TOURS AND FIELD TRIPS OFFERED THROUGH WOODLAND ELEMENTARY. I UNDERSTAND THAT THE STUDENTS WILL ALWAYS BE ACCOMPANIED BY A TEACHER. NOTES WILL BE SENT HOME BEFORE ALL TOURS AND FIELD TRIPS AND IF I WISH TO HAVE MY CHILD NOT PARTICIPATE, I CAN CALL THE SCHOOL OFFICE WITH THIS REQUEST.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE