



# Sebeka Public School District #820

*"Home of the Trojans"*

## Enrollment Form

### Student's Primary Household

All information and mailings will be sent to the primary household.

<p> <input type="checkbox"/> Mother &amp; Father  <input type="checkbox"/> Mother (and Stepfather if applicable)  <input type="checkbox"/> Father (and Stepmother if applicable)  <input type="checkbox"/> *Foster family  <input type="checkbox"/> *Relative/Other (Please List): _____         </p> <p><small>*Provide legal custody document OR fill in legal parent/guardian info in Secondary Household section below.</small></p>	<p>Address:</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>County: _____ Home phone: (    ) _____</p> <p><small>*If address is NOT in Sebeka School District, please request an Open Enrollment form from the school office.</small></p>
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### Primary Parent/Guardian Information

<p>Name: _____</p> <p>Work Phone: (    ) _____</p> <p>Cell Phone: (    ) _____</p> <p>Email Address: _____</p>	<p>Name: _____</p> <p>Work Phone: (    ) _____</p> <p>Cell Phone: (    ) _____</p> <p>Email Address: _____</p>
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### Please list all permanent members (adults and children) in the student's Primary Household:

Full Legal Name:	Birth Date:	Gender:		Relationship to student:	Grade:	School (if attending)

### Student's Secondary Household (if applicable)

All Student information will be sent to the secondary household unless legal documents are filed in the office.

<p> <input type="checkbox"/> Mother (and Stepfather if applicable)  <input type="checkbox"/> Father (and Stepmother if applicable)  <input type="checkbox"/> *Relative/Other (Please List): _____         </p> <p><small>*Provide legal custody document OR fill in legal parent/guardian info in Secondary Household section below.</small></p>	<p>Address:</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>County: _____ Home phone: (    ) _____</p> <p><small>*If address is NOT in Sebeka School District, please request an Open Enrollment form from the school office.</small></p>
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## Enrollment Form

### Secondary Parent/Guardian Information

Name:	Name:
Work Phone: (    )	Work Phone: (    )
Cell Phone: (    )	Cell Phone: (    )
Email Address:	Email Address:

### Student Previous Enrollments (list most recent first)

Name of school:	City and State:	Grade Enrolled:	School phone or fax (if known):

### Emergency Contact Information:

If your child becomes ill and you cannot be reached, who should we call?	
Name of a person in neighborhood	Phone number
Name of close friend or relative	Phone number
Physician's name (optional)	Phone number
Dentist's name (optional)	Phone number

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### Student's Personal Information

Which Language is most often spoken in your home? English Other \_\_\_\_\_

Which Language does your child usually speak? English Other \_\_\_\_\_

Which Language did your child first learn? English Other \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Has this child ever been enrolled under a different name?

If yes, what name: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Is this student currently homeless?

A homeless individual is one who lacks a fixed, regular, and adequate nighttime residence. This includes:

- (a) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (b) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- (c) an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- (d) an individual or family who— (A) will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations (B) has no subsequent residence identified; and (C) lacks the resources or support networks needed to obtain other permanent housing.

\_\_\_ Yes \_\_\_ No Have you recently moved to this school district for temporary employment?

\_\_\_ Yes \_\_\_ No Is this student a Ward of the State?

If yes, what county? \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Has this student lived in the United States less than 3 years?

If yes, how many years? \_\_\_\_\_

What is the student's birth country? \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Has your child ever been assessed or referred for assessment of Special Education services?

\_\_\_ Yes \_\_\_ No Does your child currently require Special Education services? If yes, please identify their disabilities below and submit a copy of their IEP (Individualized Education Plan) upon registration.

Disability (ies): \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Has your child ever received Title I services?

### Questions for Kindergarten students:

\_\_\_ Yes \_\_\_ No If the child is entering Kindergarten, have they received an Early Childhood Screening? If yes, where? \_\_\_\_\_ If no, contact our school nurse for information: (837-5101 ext. 129)

\_\_\_ Yes \_\_\_ No Have you submitted a copy of your child's birth certificate to the school office? They are required for entrance into kindergarten and for our school files. If no, please submit with this form.

**I certify the information given above is true and complete to the best of my knowledge.**

Parent/Guardian Printed Name

Parent/Guardian Signature

Date