

STUDENT ENROLLMENT FORM

Student legal name _____
(Last) (First) (Middle)

Gender _____ Grade level _____ Date of birth _____ Preferred name _____

Street address _____ City _____ State _____ Zip _____

Mailing address (if different from street address) _____

Primary phone (____) _____ County of residence _____ School district of residence _____

Father's information (Please circle daytime phone #)

Name _____

Home phone (____) _____

Cell phone (____) _____

Work phone (____) _____

Employer _____

E-mail _____

Mother's information (Please circle daytime phone #)

Name _____

Home phone (____) _____

Cell phone (____) _____

Work phone (____) _____

Employer _____

E-mail _____

Single parent household? (circle one) No Yes

Student lives with (circle one) Both Parents Mother Father Guardian

Who has legal custody* of child if parents are divorced? _____

**Copy of legal custody documents required.*

Legal alert (if any): _____

If parents are divorced, does the non-household parent want copies of report cards? (circle one) Yes No

If yes, please provide: Name _____

Mailing address _____

Household student information Please list the other Eudora School District students who share this student's household information.

First and last name _____ Grade _____

First and last name _____ Grade _____

Guardian information (Please circle daytime phone #)

For students not living with parent(s). Please provide legal documents.

Guardian name _____ Relationship to child _____

Guardian home phone (____) _____ Cell or work phone _____

Employer _____ E-mail _____

Emergency contact information Please list trusted individuals who can be reached if the parent/guardian cannot be reached. Be sure these individuals can assume responsibility to give permission for your son/daughter to leave school for an illness or absence of another nature.

Emergency contact #1: Name _____ Relationship to child _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Emergency contact #2: Name _____ Relationship to child _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Emergency consent

In an emergency, I give the school permission to: •Call the doctor Y/N •Call an ambulance Y/N •Treat minor cases Y/N

Signature _____ Date _____ Student signature _____

Continued on other side.

Please complete the following section only if you are NEW to the Eudora School District.

**EAST CENTRAL KANSAS COOPERATIVE IN EDUCATION
717 High Street, PO Box 41 | Baldwin City, Kansas 66006
785-594-2737**

PARENTS: Please complete this form as accurately as you can. We request this information at enrollment to assist us in planning for any special services that your child may require.

Student name _____ Date of enrollment _____

1) Does your child have a diagnosis that might affect his/her educational performance? (For example: ADHD, autism, arthritis, or anything else) YES NO If yes, please explain: _____

2) Does your child have an Individualized Education Program (IEP) and receive special education services? YES NO

What Special Education services/support does your child receive?

Resource room YES NO

If yes, please circle areas:

Math

Reading

Writing

Other _____

Speech/language YES NO

Occupational therapy YES NO

Physical therapy YES NO

Behavioral Interventions YES NO

Gifted YES NO

3) Has your child ever been tested for special education services, even if he/she did not qualify? YES NO

If so, when and where? _____

4) Does your child have a 504 plan? YES NO

5) Does your child receive any other type of regular education support for either math or reading? YES NO

If yes, please explain: _____

Parent or legal guardian _____ Date _____

Completed by the school

Action taken: