

# STUDENT ENROLLMENT FORM

Student legal name \_\_\_\_\_  
(Last name) (First name) (Full middle name)

Gender \_\_\_\_\_ Grade level \_\_\_\_\_ Date of birth \_\_\_\_\_ Preferred name \_\_\_\_\_  
MM/DD/YYYY

Date of first enrollment in a Kansas school \_\_\_\_\_ In the time since, has child attended school in another state? Y / N  
MM/DD/YYYY

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (if different from street address) \_\_\_\_\_

Primary phone for all calls (\_\_\_\_) \_\_\_\_\_ County of residence \_\_\_\_\_ School district of residence \_\_\_\_\_

• Is the student's parent/guardian on active duty in the U.S. military?  No  Yes

## 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 \_\_\_\_\_

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? (check one)  No  Yes

If yes, please provide: Name \_\_\_\_\_

Mailing address \_\_\_\_\_

## 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.)

**All parents, please check one:**

- I have no other students to enroll in Eudora Schools at this time. (No other information is required.)
- I have additional students to enroll in Eudora Schools, but their information is different than what I have submitted on the reverse of this form. (Please complete a separate Student Enrollment Form.)
- I am enrolling the following additional students at this time, and I confirm that the information for the following students is identical to the information listed on the reverse side of this form. (List additions below.)

Student **legal** name \_\_\_\_\_  
*(Last name)* *(First name)* *(Full middle name)*  
Gender \_\_\_\_\_ Grade level \_\_\_\_\_ Date of birth \_\_\_\_\_ Preferred name \_\_\_\_\_  
Date of first enrollment in a Kansas school \_\_\_\_\_ In the time since, has child attended school in another state? Y / N

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*(Last name)* *(First name)* *(Full middle name)*  
Gender \_\_\_\_\_ Grade level \_\_\_\_\_ Date of birth \_\_\_\_\_ Preferred name \_\_\_\_\_  
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| <p>OFFICE USE ONLY<br/>Student(s) enrolling in: <input type="checkbox"/> EES <input type="checkbox"/> EMS <input type="checkbox"/> EHS<br/>Form shared with above bldgs by: <input type="checkbox"/> Fax to building office(s) <input type="checkbox"/> Photocopy to parent <input type="checkbox"/> Other _____<br/>Staff initials _____ Date form shared _____</p> |
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