## WELCOME TO NORTH SPENCER COUNTY SCHOOLS

OFFICE USE School:					
Date Enrolled:	Grade:				
Student#					

STUDENT INFO	RMATION (Please Print)					
Student's Legal Nam						
	(Last)	(First)	(Middle Initial)	(Name Child Goes By)		
Date of Birth:		Sex:	Social Security Number:			
Place of Birth:	(City)	(County)	(State)	(Country)		
	, ,,	(county)	(State)	(country)		
911 Address/Phone:	(Street)	(City)	(Zip)	(Home Phone)		
Mailing Address (if d	lifferent from 911 address) _					
, ,	, <del>-</del>					
Race and Ethnicity:	(Note: Both Part 1 and 2 of	the auestion must be	answered.)			
Part 1: Ethnicity	Is this individual Hispanic/Latino? (Choose only once)					
	□ No, not Hispanic/Latino					
	outh or Central American, or					
Part 2: Race	What is the individual's race? (Choose one or more)					
	☐ American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.					
	☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.					
	☐ Black or African American: A person having origins in any of the black racial groups of Africa.					
	□ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.					
	$\hfill\Box$ White: A person having origins in any of the original peoples of Europe, North Africa or the Middle East.					

## PARENT INFORMATION (Check if natural parent, legal guardian or step-parent) Natural Father \_\_\_Legal Guardian Father's Name: \_\_\_\_\_ \_Step-Father (If different than student) Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_Fax #: \_\_\_\_\_\_ E-Mail: \_\_\_\_\_ \_Natural Mother \_\_\_Legal Guardian \_\_\_Step-Mother Current Address:\_ (If different than student) Employer: \_ Home Phone: \_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_ Pager #: \_\_\_\_\_\_\_Fax #: \_\_\_\_\_\_Fax #: \_\_\_\_\_\_\_E-Mail: \_\_\_\_\_\_ EMERGENCY CONTACT INFORMATION (Identify other persons authorized to pick up student) Name:\_\_ \_\_\_\_\_Relationship to Student:\_\_\_\_\_ Cell Phone: Home Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ \_\_\_\_\_Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ **EMERGENCY INFORMATION** Does student have any health problems or allergies? \_\_\_\_Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_ Does the student require medication while at school? \_\_\_Yes \_\_\_No If yes, please complete a Medication Authorization Form. Does the student have a brother or sister enrolled in North Spencer schools? If yes, please complete the following: School: Date of Birth: \_\_\_\_\_\_Date of Birth; \_\_\_\_\_\_ School: \_\_\_\_\_\_ Date of Birth: \_\_\_\_ ACADEMIC INFORMATION Name/Address of last school attended: \_\_\_\_\_\_ (Street) (City) (Phone) (State) Please list each North Spencer school the student has attended and the year attended:\_\_\_\_\_ Has student ever received any of the following support services? Please check all that apply: \_\_English for Speakers of Other Languages \_\_\_\_Special Education \_\_\_\_Speech \_\_\_\_Gifted Education \_\_\_\_Remedial Education Early Intervention Program \_\_\_\_Title I \_\_\_\_Other:\_\_\_\_\_ Parent/Guardian Name (please print) Parent/Guardian Signature Date