

STUDENT ENROLLMENT FORM

STUDENT NAME: _____

SSN: _____

ADDRESS: _____

SEX: _____

DIRECTIONS TO HOME: _____

BUS NUMBER: _____

STUDENT IS LIVING WITH: _____

(Circle one)

FATHER/STEPFATHER/GUARDIAN: _____ Employer: _____ Phone: _____

MOTHER/STEPMOTHER/GUARDIAN: _____ Employer: _____ Phone: _____

EMERGENCY CONTACT: _____ Phone: _____

EMERGENCY CONTACT: _____ Phone: _____

OTHER RESPONSIBLE ADULT: _____ Home Phone: _____

Health Problems: _____

Medicaid: Yes _____ No _____

DOCTOR: _____ Phone: _____

Does your child have any health problems that might interfere with normal school activities, including participation in regular physical education activities? Yes _____ No _____

Explain: _____

Does your child take daily medication at home? Yes _____ No _____

Does your child take daily medication at school? Yes _____ No _____

Name of medication(s) and the reason for taking it: _____

Can your child be given an age-appropriate dose of generic Tylenol? Yes _____ No _____

(We will still try to reach you each time your child needs Tylenol. Also, this does not mean a child with a fever or in a moderate amount of pain should come to school.)

Please list name(s) and ages of any sibling(s) in the Mountain Home School District: _____

PLEASE LIST PERSON(S) WHO ARE LEGALLY PROHIBITED FROM CONTACT WITH YOUR CHILD: _____

I have provided Legal Documents for student file: Yes _____ No _____

Signature of Legal Guardian