

**ENROLLMENT INFORMATION SHEET**

Student's Full Legal Name \_\_\_\_\_ (nickname) \_\_\_\_\_

Address where the student resides : (physical address of home)

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Address for mailing if different from above: (P.O. Box)

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**PARENT INFORMATION (Biological/adoptive parents)**

Father \_\_\_\_\_

Mother \_\_\_\_\_

\_\_\_ Lives with student \_\_\_ Has legal custody

\_\_\_ Lives with student \_\_\_ Has legal custody

Address (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_

e-mail \_\_\_\_\_

Step-Mother \_\_\_\_\_

Step-Father \_\_\_\_\_

Legal Guardian (if other than parent)

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*Documents must be provided*

**PARENTAL CUSTODY**

\_\_\_ Custody is not an issue – parents are married and living together

\_\_\_ Mother was not married at the time of the child's birth and father has not established paternity through a court

\_\_\_ Parents are not married but paternity has been legally acknowledged

\_\_\_ Parents are separated but no legal action has been taken

\_\_\_ Divorce or legal separation pending (Court documents must be provided when complete)

\_\_\_ Parents are divorced or legally separated (Court documents must be provided showing custody)

\_\_\_ Other (explain) \_\_\_\_\_

**Non-Parental Custody**

\_\_\_ Guardianship (Court documentation required)

\_\_\_ Foster Placed (DHS documents required)

\_\_\_ Grandparent P.O.A. or affidavit (filed document required)

**Belpre City Schools Student Registration Form**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_  
First Middle Last

Gender: M F Birthdate \_\_\_\_\_ Birth place city \_\_\_\_\_ Nickname \_\_\_\_\_

Physical Address \_\_\_\_\_  
Number Street Apt/Lot City State Zip

Mailing Address (if different than above) \_\_\_\_\_

Is the primary Race Hispanic? \_\_\_\_ Yes \_\_\_\_ No Primary language spoken to your children: \_\_\_\_\_

Please circle one or more that apply:

Asian American Indian/Alaskan Native Black/African American White

Native Hawaiian/Other Pacific-Islander

Name of last school attended \_\_\_\_\_ Date last attended \_\_\_\_\_

Is your child suspended or expelled from their current school at this time? \_\_\_\_ Yes \_\_\_\_ No

Has this student been served by any special programs such as Gifted/Tag, Title 1, Speech, Special Education or a 504 plan? If so, what programs?  
 \_\_\_\_\_

Names and ages of siblings:

 \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_
**Transportation:**

Will the child ride a bus? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Both Ways \_\_\_\_ AM only \_\_\_\_ PM only Bus# \_\_\_\_\_

If not riding a bus: \_\_\_\_ Parent/guardian will pick up \_\_\_\_ Student will walk

Will the student require special needs transportation? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify: \_\_\_\_\_

**Emergency Contacts:**

Name	Relationship	Home Phone	Work Phone	Cell Phone