

**SILVER LAKE (USD 372) ELEMENTARY SCHOOL ENROLLMENT FORM**

Please **PRINT** Clearly

GRADE LEVEL \_\_\_\_\_

SEX (Circle) M F

Student's **LEGAL NAME** as shown on birth certificate:

**FIRST** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_ **LAST** \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ PO BOX \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Home# \_\_\_\_\_ Mother's Home# \_\_\_\_\_

Father's Work# \_\_\_\_\_ Mother's Work# \_\_\_\_\_

Father's Cell# \_\_\_\_\_ Mother's Cell# \_\_\_\_\_

Student resides with \_\_\_\_\_

**Do you give permission for your child's address, home phone number, and parent names to be published in the PTO directory? YES NO**

Emergency Contact Name/Relationship \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any allergies? YES NO (Specify) \_\_\_\_\_

Is student enrolled in Special Education with an IEP? YES NO Gifted? YES NO

Is student new to district? YES NO If YES, Please list previous school & address \_\_\_\_\_

Year and grade level your child first entered school in Kansas \_\_\_\_\_

**Have you submitted?**

- ✓ A certified copy of child's birth certificate? YES NO
- ✓ A copy of child's Social Security card? YES NO **SSN** \_\_\_\_\_
- ✓ A copy of child's Immunization record? YES NO

**Transportation:** Will student ride the bus to or from school? YES NO

If YES, What is the address student will be picked up or dropped off each day: \_\_\_\_\_

1. Is student Hispanic/Latino or of Spanish origin? YES NO (Please respond YES or NO to this question and then respond to the next question)
2. Circle one or more races from the following racial groups:
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White

**KINDERGARTEN ROUND UP INFORMATION ONLY**

**Other Family Members--**

BROTHERS

DOB

SISTERS

DOB

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My child will **come** to school daily from: HOME SITTER  
My child will **return** from school daily to: HOME SITTER

Sitter's Name \_\_\_\_\_

Sitter's Phone# \_\_\_\_\_

Sitter's Address \_\_\_\_\_

(Please Circle One)

**RIGHT HANDED**

**LEFT HANDED**

If your child has special needs, please list them below:

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Have A Good School Year!

