

# Blackwell Public Schools Student Enrollment Form



Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Address City Zip

Phone#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female

Are you of Hispanic/Latino culture or origin?  Yes  No

Are you a Student of Military Family?  Armed Forces  Reserve  National Guard

Race:  Am. Indian,  Asian,  Black,  Pacific Islander,  White

Medical/Allergy Information: \_\_\_\_\_

Prior School: \_\_\_\_\_ Special Classes or IEP: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City State Zip

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work or Daytime Phone #: \_\_\_\_\_

Work or Daytime Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact (other than parent):

Emergency Contact (other than parent):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone#: \_\_\_\_\_ work#: \_\_\_\_\_

Home phone#: \_\_\_\_\_ work#: \_\_\_\_\_

cell#: \_\_\_\_\_

cell#: \_\_\_\_\_

Are there circumstances about the custody of your child that we should know about which limits the sharing of records, picking up your child, etc?

It is the guardian's responsibility to keep the school informed of changes in address, phone, contacts, and custody.