

OFFICIAL ENROLLMENT
LEEDEY SCHOOL

STUDENT'S FULL NAME _____ Date _____
FIRST MIDDLE LAST

SSN _____ DATE OF BIRTH ____/____/____ Birth Certificate No. _____
Month Day Year

Last School attended _____ City _____ State _____

Please circle one: 1 Hispanic 2 African American 3 American Indian 4 Oriental 5 Caucasian
6 Middle Eastern 7 Other

Male _____ Female _____ Age _____ Grade _____

Place of Birth _____
City State Country

HOME ADDRESS _____ E-MAIL ADDRESS _____
Street or Box City State Zip

DO YOU LIVE 1.5 MILES OR FARTHER FROM THE SCHOOL? _____ TRANS. CODE _____
(School use only)

PHONE (____) _____ CELL PHONE (____) _____

1. PARENT / GUARDIAN _____ Does this parent live in the home? _____
(Please circle one)

OCCUPATION _____ EMPLOYER _____

WORK OR DAYTIME PHONE _____ CELL PHONE _____

2. PARENT / GUARDIAN _____ Does this parent live in the home? _____
(Please circle one)

OCCUPATION _____ EMPLOYER _____

WORK OR DAYTIME PHONE _____ CELL PHONE _____

Does student live with parents? _____ Other? (please explain) _____

Number of children in the family: Boys _____ Girls _____

SPECIAL CONSIDERATIONS: (medical or health issues etc.) _____

FAMILY PHYSICIAN _____ PHONE _____

In case of emergency, whom shall we call if neither parent can be reached?
1. _____ Phone _____
2. _____ Phone _____