

**Locust Grove Public Schools
Student Enrollment Information**

Received: _____

Entered: _____

Student ID#: _____

Has student ever attended Locust Grove Schools? _____ If so, when and where? _____

Student's legal name _____ / _____
(As shown on birth certificate) (Legal Last) (First) (Middle) (Nickname) (Last name if different from legal)

Grade: _____ Age: _____ Gender M F Birthdate _____ Place of birth _____

Physical address _____ City _____ Zip _____ County _____

Mailing address _____ City _____ Zip _____ County _____

Parent/Guardian home phone _____ Who has legal custody? _____

Student Social Security # _____ Name of last school attended _____

Is student Hispanic or Latino? Yes No

Race (Choose one or more) Alaskan/American Indian White/Other Black Asian Native Hawaiian/Pacific Islander

Is a language other than English spoken in your home? Yes No What language? _____

If yes, (please check one): This language is spoken: More often than English Less often than English

Names(s) & grades of other children currently in Locust Grove Schools _____

_____ Distance from home to school: (circle) Less than 1.5 miles Greater than 1.5 miles

Finding directions to home: _____

Student resides with: Mother/Father Mother Father Mother/Step Father Father/Stepmother Grandparent Other
(check one)

Parent/Guardian 1 _____ Relationship _____
(Residing in the home) Last First Middle

Employer _____ Work Phone _____ Cell/Pager # _____

Parent/Guardian 2 _____ Relationship _____
(Residing in the home) Last First Middle

Employer _____ Work Phone _____ Cell/Pager # _____

Emergency Contact _____ Relationship _____ Daytime Phone _____
(other than guardian shown above)

Emergency Contact _____ Relationship _____ Daytime Phone _____
(other than guardian shown above)

Name of physician _____ Phone _____

In case of serious accident or illness when guardian cannot be contacted, do we have permission to take your child to a doctor or hospital? Yes No

Is student currently under suspension at previous school? Yes No

Has student been in any kind of special needs class? Yes No If yes, please specify: _____

Does student receive Medicaid benefits? Yes No If yes, please list Medicaid # _____

Parent/Guardian Signature _____ Date _____

Email address: _____