

# Maroa-Forsyth School District #2 Enrollment Form

Legal Name \_\_\_\_\_ Grade \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Sex \_\_\_\_\_

Ethnicity: Is this student Hispanic/Latino? \_\_\_\_\_ No, not Hispanic/Latino \_\_\_\_\_ Yes, Hispanic/Latino

Race: \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White

Student Resides With Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City St Zip \_\_\_\_\_ City St Zip \_\_\_\_\_

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

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Hospital of choice in case of emergency? DMH \_\_\_\_\_ St. Mary's \_\_\_\_\_ Other \_\_\_\_\_

Are you eligible to ride the bus? \_\_\_\_\_

If your student will be riding or going to an after school provider, please list the name, address, and phone number of the provider \_\_\_\_\_

Does your child have an IEP? \_\_\_\_\_ Does your child have a 504 plan? \_\_\_\_\_

Does anyone in your home speak a language other than English? \_\_\_\_\_ If so, what language? \_\_\_\_\_

Does your son/daughter speak a language other than English? \_\_\_\_\_ If so, what language? \_\_\_\_\_

Does your child have any medical condition or take any prescription medication the school should be aware of? \_\_\_\_\_  
If so, please list. \_\_\_\_\_

If you or the emergency contact cannot be reached in an emergency, and if in the judgment of the school authorities, immediate medical attention is necessary, do you authorize responsible school authorities to send your child, properly accompanied, to an available physician or hospital? \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that the residency information provided about the above named child is true and correct. I am aware that providing false information about school residency is a criminal offense. I am also acknowledging I have received a copy of the student handbook

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature