

PERRY LOCAL SCHOOLS DISTRICT ENROLLMENT FORM

School Year _____
 School _____
 Grade _____

Reg ID # _____
 Birth Certificate on File Yes No
 Social Security # _____

Male Female

Student's Name _____
(Last Name) (First Name) (Full Middle Name)

Address _____
Street City Zip

Student's Birthday _____ Place of Birth (City) _____

Mother's Maiden Name _____ Has the child ever attended a Perry School? Yes No

If so, which school? _____ When? _____

Ethnic Background: Please check appropriate box

<input type="checkbox"/> White, non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Island
<input type="checkbox"/> Black, non-Hispanic	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> American Indian or Alaskan Native

Last School Attended _____ City _____

Home Phone _____ Emergency Phone _____

Father's Name _____ Place of Employment _____

Mother's Name _____ Place of Employment _____

Other Children:	Name	Age	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check the appropriate box or boxes:

<input type="checkbox"/>	I/We are the parent(s) of the child		
<input type="checkbox"/>	I/We have been given custody of the child by the court /custody papers have been provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	I/We are the foster parent(s) of the child (see below)		
<input type="checkbox"/>	I/We have completed papers at Central Office for Open Enrollment and have been accepted		
<input type="checkbox"/>	The above child is a tuition student		
<input type="checkbox"/>	The above child is a relative living with us.	We have legal custody of the child	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	The above child has received special services	Speech	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Learning Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
		MFE	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the child have an IEP Yes No

Student health concerns, please list _____

In case of an emergency and neither parent can be reached, whom shall we contact?

Name _____ Phone # _____

Date of Enrollment _____ Parent/Guardian Signature _____

To be completed by school personnel enrolling the student-

If child is a foster child, do we have the District of Origin Form from the Dept. of Human Services? _____

If not, the student **CAN NOT** enter school until the form is turned in to the office.

Signature of person enrolling the student _____

	SSID Reason	_____	SSID#	_____
Kdg Calendar	Gifted	_____	DASL Hmrm	_____
	DASL	_____	Schedule Added	_____
Copies sent to:	Bus	_____	Grdbk Manager	_____
	Contacts	_____		_____
	Medical	_____		_____
	Tech Office	_____		_____