



BALLARD SCHOOL DISTRICT STUDENT ENROLLMENT FORM

Office Use Only: ID# _____	Birth Cert. Yes _____
Entered in database by _____	date _____ Immun. Yes _____

INFORMATION ABOUT THE STUDENT

FULL LEGAL NAME (First, Middle, Last): _____		Grade: _____	Gender: _____ M _____ F	Birthdate: _____	Social Security # _____
Birthplace (City, State, Country): _____ If student was not born in the United States, date of entry into the USA (must complete) _____			If English is NOT the primary language spoken in the household, please list primary language spoken (i.e. Spanish, French, etc.) _____		
STUDENT LIVES WITH: ____ Mother & Father ____ Mother ____ Father Other, please list _____		STUDENT'S ETHNICITY: Is this child Hispanic? _____ Yes _____ No		PREVIOUS SCHOOL ATTENDED (if incoming kindergarten student, include pre-school) _____	
Home Phone #: _____		STUDENT'S RACE: ____ White ____ Black or African American ____ Asian ____ American Indian/Alaskan Native ____ Native Hawaiian or Pacific Islander (CHECK ALL THAT APPLY)		This student is Open-enrolled : _____ Yes _____ No	
Home Address: Street _____ City, State, Zip _____ County of Residence: _____				School District: _____ Was in Talented & Gifted Program at previous school _____ This child requires Special Educational Services : _____ Yes _____ No	

PRIMARY HOUSEHOLD INFORMATION (where student physically lives during school year)

Parent/ Guardian Name: _____		Relationship: _____		Legal Guardian: Yes _____ No _____	
Place of work: _____		Occupation: _____			
Work Phone: _____	Cell Phone: _____	Email: _____			
Parent/ Guardian Name: _____		Relationship: _____		Legal Guardian: Yes _____ No _____	
Place of work: _____		Occupation: _____			
Work Phone: _____	Cell Phone: _____	Email: _____			

OTHER PRIMARY HOUSEHOLD MEMBERS (students)

Name: _____	Birthdate: _____	Grade: _____	Gender: _____	Relationship: _____
Name: _____	Birthdate: _____	Grade: _____	Gender: _____	Relationship: _____
Name: _____	Birthdate: _____	Grade: _____	Gender: _____	Relationship: _____
Name: _____	Birthdate: _____	Grade: _____	Gender: _____	Relationship: _____

SECONDARY HOUSEHOLD INFORMATION (student does NOT live in this household)

Parent/ Guardian Name: _____		Relationship: _____		Legal Guardian: Yes _____ No _____	
Place of work: _____		Home Address: _____			
Work Phone: _____	Cell Phone: _____	Email: _____			
Parent/ Guardian Name: _____		Relationship: _____		Legal Guardian: Yes _____ No _____	
Place of work: _____		Home Address: _____			
Work Phone: _____	Cell Phone: _____	Email: _____			

OTHER (Emergency) CONTACTS (These people may be called in an emergency if parents cannot be reached) (Daytime phone only)

Name: _____	Relationship: _____	Home, Cell or work phone: _____
Name: _____	Relationship: _____	Home, Cell or work phone: _____
Name: _____	Relationship: _____	Home, Cell or work phone: _____

HEALTH & EMERGENCY INFORMATION

In case of serious accident or illness at school, your child will be sent to an emergency medical facility. The parent(s)/guardian(s) will be responsible for all expenses.

Doctor Name: _____	Phone: _____	Dentist Name: _____	Phone: _____
Please list any medical conditions: _____		Please list any medication student takes routinely: _____	
_____		Permission to call ambulance: _____ Yes _____ No	
_____		Preferred Hospital: _____	

LEGAL INFORMATION (Attach documentation regarding unique circumstances concerning the non-custodial parent(s) of the above student.)

Please list any legal alert information: _____

PERMISSIONS (please mark each one and sign below)

Internet Permission _____ Yes _____ No	Field Trip Permission _____ Yes _____ No
Picture in District Publications _____ Yes _____ No	Permission to release student directory information _____ Yes _____ No
I/We feel we have adequate insurance for my/our child while practicing or participating in interscholastic sports or other school sponsored activities. <u> </u> Y <u> </u> N	

By signing below I affirm, to the best of my knowledge, that the above information is correct and that I will notify the school each time there is a change in any of this information. I have read and understand the Internet Policy, Bus Rules, Student Handbook, Dress Code Policy, Good Conduct Code, etc.

Parent/Guardian (printed) _____ Parent/Guardian (signed) _____

Student Name (printed) _____ Student (signed) _____