

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

MUST BE STUDENT'S LEGAL NAME AS SHOWN ON BIRTH CERTIFICATE

1. Student's Physical Address:  Single family permanent residence  Temporary living situation (Complete #1 on reverse) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
2. Student's Mailing Address: (if different than above) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Home Telephone Number(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_ Student: (circle one) Rides Bus \_\_\_\_\_ Walks \_\_\_\_\_ Other \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_ Male  Female  Country of Birth (if other than USA, complete # 2 on reverse) \_\_\_\_\_
5. Father/Guardian Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
e-mail: \_\_\_\_\_
6. Mother/Guardian Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
e-mail: \_\_\_\_\_ Cell Phone \_\_\_\_\_
7. Student lives with:  Both Parents  Father  Mother  Guardian  Other: \_\_\_\_\_ Relationship to student \_\_\_\_\_
8. Emergency Contact Information: (List person to contact when parent cannot be reached)  
1) \_\_\_\_\_ relationship to student \_\_\_\_\_ Phone \_\_\_\_\_  
2) \_\_\_\_\_ relationship to student \_\_\_\_\_ Phone \_\_\_\_\_
9. Day Care Provider: \_\_\_\_\_ Preschool/Elementary Only \_\_\_\_\_ Phone \_\_\_\_\_
10. Is student currently on an Individual Educational Plan or 504 Plan?  No  Yes (If Yes, Complete #3 on reverse)
11. Is student Hispanic/Latino or of Spanish Origin?  No  Yes (regardless of above answer, please answer #12 below)
12. Racial Background (please choose one or more of the following):  
 Black/African American  White  Asian  Native Hawaiian/Other Pacific Islander  
 American Indian/Alaskan Native
13. If American Indian was chosen above, please give tribal affiliation/membership enrollment number:  
Membership Enrollment #:  Northwest Band Shoshone  Goshute  Paiute  Navajo  Ute  Other
14. Does Student speak any language other than English?  No  Yes: \_\_\_\_\_ (If yes, complete #4 on Reverse)
15. Has student attended school outside of Box Elder School District prior to this enrollment?  No  Yes: \_\_\_\_\_ (If yes, complete #5 on Reverse)

FOR OFFICE USE ONLY	
Student #:	
Grade/Teacher:	
Entry Date:	
Entry Code:	
Withdraw	
Date:	
Withdraw Code:	
CUM Folder:	Requested: _____ Received: _____ Sent: _____
1. Immigration 2. Resident Status 3. Special Services 4. ELL/ESL 5. Educational History	

#1 Resident Status

Temporary Living situation: Please indicate where the student is living: \_\_\_ in a shelter  
\_\_\_ in a car, park, campground or public place \_\_\_ in a motel/hotel \_\_\_  
\_\_\_ with another family because of a loss of housing or economic hardship

#2 Immigration

First Enrolled in US School: Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Verification Basis \_\_\_\_\_ Birth Document # \_\_\_\_\_  
Seasonal/Temp Worker  Yes  No

#3 Special Services

Has your child received any previous testing, evaluations or services in the following areas?

<input type="checkbox"/> Special Education	<input type="checkbox"/> Academic	<input type="checkbox"/> Other: (Explain below)
<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Psychological	
<input type="checkbox"/> Behavior Difficulties	<input type="checkbox"/> Hearing/Visual	
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> 504 Plan	

#4 ESL/ELL

What language is primarily spoken in the home by the parent/guardian? \_\_\_\_\_  
What language(s) does the student speak/understand: \_\_\_\_\_  
Is a language other than English regularly used by the student's parents/guardians?  Yes  No  
Do you need official school materials to be translated?  Yes  No  
Do you need an interpreter (for IEP, Parent Teacher Conference, etc.)?  Yes  No

#5 Educational History

Has student ever been enrolled in Box Elder School District?  
School attended: \_\_\_\_\_ Date: \_\_\_\_\_  
Has student ever been suspended or expelled from school?  
School: \_\_\_\_\_ Date: \_\_\_\_\_  
Previous School attended:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_