



Student Enrollment Form for the Mount Horeb Area School District

Date to start at MHASD: _____ Enrolling Grade: _____

Enrolling Student Information:

Name: _____ Birth Date: _____

(As Shown on Birth Certificate) Last First Middle

Current Address: _____ Home Phone #: _____

Age: _____ Gender: Male Female

Last school child attended: _____ District: _____ Withdraw Date: _____

Student lives with: Both Parents Parent w/ Step Parent Mother Only Father Only Grandparents
Please circle one Both Parents: Alternately Relative Foster Home

Is this student Hispanic/Latino? Yes No Open Enrollment/Alternative to Open Enrollment In: Yes No
Home District: _____

Race: *Choose all that apply* White Asian Native Hawaiian/Pacific Islander
Black/African American American Indian/Alaska Native

Ethnicity: *Please choose one* White, not Hispanic Black, not Hispanic Hispanic
Asian/Pacific Islander American Indian/Alaska Native

Court Documentation associated with this child for custody or placement? Yes No Comments: _____

Birth Certificate must be with you at the time of registration for verification Birth City: _____ County: _____ Birth State: _____
Verification Initials: _____ Verification Date: _____

Has student been expelled from a prior school district? Yes No If yes: Have re-entry requirements been met? Yes No

What School District? _____ Received/Receiving Special Education Services, IEP in place? Yes No

Enrolling Parent/Guardian Information: *Please list each parent's information separately. If parents are separated, please list enrolling parent in spot 1 and other parent in spot 3.*

1 Name: _____ Relationship to Student: _____ Guardian Y N

Current Address: _____ Cell Phone #: (____)_____

(If different than above) _____ Text # for weather notifications Y N

Work Phone #: (____)_____ Email Address: _____

Military Personnel: Yes No Active Duty Reserves Branch: _____

Name: _____ Relationship to Student: _____ Guardian Y N

2 Current Address: _____ Cell Phone #: (____)_____

(If different than above) _____ Text # for weather notifications Y N

Work Phone #: (____)_____ Email Address: _____

Military Personnel: Yes No Active Duty Reserves Branch: _____

Does student live at this address full time? Yes No If no, please list other names and addresses:

Name: _____ Relationship to Student: _____ Guardian Y N

3 Current Address: _____ Cell Phone #: (____)_____

(If different than above) _____ Text # for weather notifications Y N

Work Phone #: (____)_____ Email Address: _____

Military Personnel: Yes No Active Duty Reserves Branch: _____

Other Children in Family/Birthdate: _____ DOB: _____ DOB: _____

Emergency Contact Information:(Other than those listed on the front of the page, non-household members.)

1 Name: _____ Relationship to Student: _____
Home Phone #: (____)_____ Cell Phone #:(____)_____ Work Phone #: (____)_____

2 Name: _____ Relationship to Student: _____
Home Phone #: (____)_____ Cell Phone #:(____)_____ Work Phone #: (____)_____

3 Name: _____ Relationship to Student: _____
Home Phone #: (____)_____ Cell Phone #:(____)_____ Work Phone #: (____)_____

Does this child have a primary daycare provider? Yes No If Yes, please list the following information:

Before School Only After School Only Both Times

Name: _____ Phone Number: _____

Address: _____ Contact: _____

Bus Transportation Needed: Y N Transportation Form Completed Y N

Proof of Residency Provided: Utility Bill Payroll Stub Lease Agreement Open Enroll Other: _____ Ver by: _____

Please circle the appropriate answers and comment where necessary.

1. Is this student a foster child? Yes No If "Yes", name of caseworker? _____ Ph#: _____

2. a. Are there court restrictions associated with this child? Yes No

b. Are there court restrictions associated with who should be receiving educational mailings for this child? Yes No

Court documentation must be provided in order for these restrictions/requests to be honored.

Restrictions: _____

3. Is English spoken in the home? Yes No If "No", what language is spoken at home? _____

Is English the child's native language? Yes No If "No", what is the native language? _____

Health and Medical Information: This information will be shared with the appropriate staff to meet the educational and safety needs of your child. Please circle and comment for the appropriate answers.

4. Does your child have a life threatening condition? Yes No If "Yes", please explain: _____

5. Does your child have any conditions that would have a direct effect on participation in school activities? Yes No
If "Yes", please explain: _____

Allergies: (To what?) _____

Asthma: _____

6. Is your child on any regular medications or an inhaler? Yes No If "Yes", for what? _____

7. Is your child's activity restricted in any way? Yes No If "Yes", please explain: _____

8. Does your child have an epi-pen? Yes No If "Yes", for what? _____

9. Name of Preferred Doctor: _____ Phone Number: _____

10. Name of Preferred Dentist: _____ Phone Number: _____

11. Any additional comments: _____

If you have any concerns regarding the health of your child, please contact Pam (4k-5) 437-7543 or CJ (6-12) 437- 4266.

Signature of Enrolling Parent/Legal Guardian: _____ Date: _____

For Office Use Only:

Local ID Number: _____

Release of Records: Yes NA

Date Enrolled: _____ By: _____

IEP Records Requested: Yes NA

Transferring From: _____

Proof of Residency: Yes Birth Certificate: Yes