

2016/17 ALMIRA/COULEE-HARTLINE ENROLLMENT INFORMATION

Legal Student name: Last name	First Name	Middle Name	Grade
Birth Date:	Gender (Circle) M F	Is Parent/Guardian active military, <input type="checkbox"/> National guard member, <input type="checkbox"/> U.S. Armed Forces reserves? <input type="checkbox"/> If so, how many parent/guardians are members? <input type="checkbox"/> No Affiliation <input type="checkbox"/>	
Birthplace: City,	County,	State	Native language / language used in the home
Student lives with: <input type="checkbox"/> both parents <input type="checkbox"/> mother only <input type="checkbox"/> father only <input type="checkbox"/> grandparents <input type="checkbox"/> father/stepmother <input type="checkbox"/> mother/stepfather <input type="checkbox"/> stepfather/stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency	1.Parent/guardian where student resides: Last name: First name: 2.Parent/guardian where student resides: Last name: First name:	1 st phone: _____ 2 nd phone: _____ 1 st phone: _____ 2 nd phone: _____	Email address: _____ Email address: _____
Resident Address →	Street:	City:	State and Zip:
Mailing Address →	P O Box:	City:	State and Zip:

I grant permission for the school to communicate with me via the email address above: X _____

Is there a joint-custody or parenting plan in effect? yes no (If yes, plan must be on file with the school for enforcement)
Is there a restraining order in effect? yes no (If yes, legal papers must be on file with the school for enforcement)
Restraining order is against: Mother Father other _____

Has the student ever been expelled from school? yes no Reason: _____
Is student court ordered to attend school? yes no Date: _____

Has your child ever qualified or been enrolled in a Special Ed. Program? yes no
Has your child ever qualified for or had a 504 plan? yes no
Has your child ever participated in: Title LAP Gifted ELL other _____
Has your child ever been retained? yes no If yes, at what grade level? _____

Parents/guardians have the right to exclude their student's image, name, grade, school, and achievements/activities from publication. If you do not want your student's personal information or image to be used in school publications, please fill out an "OPT OUT FORM" found on our website (almirasd.org) or ask the district for a form. If we do not receive the form, we will include your child in our publications.

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature X _____ Date _____

First Emergency contact:	Relationship to child:	First phone:	2 nd phone
2 nd Emergency contact:	Relationship to child:	First phone:	2 nd phone
3 rd emergency contact:	Relationship to child:	First phone:	2 nd phone

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child be released to the person(s) listed above

Legal Parent/Guardian Signature X _____