

**SEQUOYAH PUBLIC SCHOOL
STUDENT ENROLLMENT FORM**

***MUST HAVE AT TIME OF ENROLLMENT (OFFICE USE ONLY)**

Grade: _____ Site: _____ Date enrolled: _____ Student ID# _____ ICAP Advisor _____

Transfer In-District Proof of Residency (Electric Bill, Rental Agreement) Birth Certificate Shot Record

Indian Info Lunch Form Athletic Packet Withdraw Form Transcript ELL Form

STUDENT INFORMATION

Student's Legal Name: _____
Last First Middle (Preferred Name)

Student's Physical Address: _____ City: _____ Zip Code: _____

Mailing Address: (if different from above): _____ Home Phone #: (____) _____

Social Security # (last 4 digits) _____ Student Birth Date: _____ Age: _____

Gender: M or F

Hispanic Ethnic Origin (circle all that apply): **Asian / Pacific Islander / American Indian / Black / White Other:** _____

Place of Birth: _____ If born outside of U.S., entry date in U.S.: _____
Country/State & City

PARENT/GUARDIAN INFORMATION

Student resides with check one: Mother Father Mother/Father Mother/Stepfather Father/Stepmother Grandparent
Other _____ Who has legal custody? _____
Court documents declaring custody must be in this child's school file.

Parent/Guardian 1 _____ Relationship: _____ Phone #: (____) _____
(First Name) (Last Name)

Employer: _____ Work Phone #: (____) _____ Cell Phone #: (____) _____

Email Address: _____

Parent/Guardian 2 _____ Relationship: _____ Phone #: (____) _____
(First Name) (Last Name)

Employer _____ Work Phone #: (____) _____ Cell Phone #: (____) _____

Email Address: _____

***Emergency contact other than above which access to student records may be given:** _____

HEALTH/EMERGENCY INFORMATION

Local adults other than parent/guardian we could notify in an emergency/illness and/or to whom we can release your child:

Name _____ Phone #'s: _____ Relationship: _____

Name _____ Phone #'s: _____ Relationship: _____

Name _____ Phone #'s: _____ Relationship: _____

Please indicate if your child wears corrective lenses, hearing aid, orthopedic devices, prostheses, etc. _____

Please indicate any serious illness or physical disability i.e., allergies, asthma, epilepsy, diabetes, heart disease.

My child is currently taking the following prescription medication: _____

Student's physician: _____ Phone #: (____) _____

In case of serious accident/illness when parents cannot be contacted, do we have your permission to take your child to an appropriate medical facility? Yes or No Hospital choice: _____

Do you give consent for listed physician or ER physician to treat your child in your absence? Yes or No

If your child is covered by Health Insurance, please list provider: _____

Yes or No If yes, # _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

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AMERICAN INDIAN REGISTRATION

Do you have any degree of American Indian ancestry? Yes or No Do have a CDIB card? Yes or No # _____
If yes, please complete a 506 Indian Form provided in your enrollment packet.

HOME LANGUAGE SURVEY

Is a language other than English spoken in your home? Yes or No If yes, what language? _____
If yes, please fill out Form

SCHOOLS ATTENDED

Has student ever attended Sequoyah Public Schools? Yes or No If yes, last date attended: _____
Has student withdrawn from previous school? Yes or No If yes, date withdrawn: _____

Name of school previously attended: _____
Name and address of last school attended: _____
Phone # of previous school attended: (____) _____

LIST OTHER CHILDREN IN THE HOME

Name	School & Grade
_____	_____
_____	_____
_____	_____

Please answer the following questions:

- YES- NO Is this student currently on a 504 plan?
- YES- NO Is this student currently on an Individualized Education Plan (IEP)?
- YES – NO Is this student currently on a school suspension from his/her previous school?
- YES – NO Does your child live more than a mile and a half (1.5 miles) from the school he or she attends?
How does your child usually get to home from school? (Circle one) Walk Car Rider Bus # _____
Child Care/Daycare – List provider: _____ Phone # (____) _____
- YES – NO Does your child reside in the Sequoyah school district? If no, what district? _____
- YES – NO Is your child a Transfer Student? (Residence is out of District) If yes, what district? _____

*While enrolled in SPS students will occasionally be photographed for publications & social media, participate in day field trips as a part of their instruction & receive vision, hearing and other screenings.

Any false statement subjects the above named student to immediate withdrawal. My signature certifies that I am the legal guardian and that all information provided is correct. The facts stated herein are true. The child resides with me and our residence is in the Sequoyah School District. If not in the district, I have completed the transfer paperwork in the superintendent's office.

Parent/Guardian Signature

Date