

**SEQUOYAH ELEMENTARY SCHOOL**  
**STUDENT PRE-K AND KINDERGARTEN ENROLLMENT FORM 2020-2021**

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

Grade: \_\_\_\_\_ Site: \_\_\_\_\_ Date enrolled: \_\_\_\_\_ Student ID# \_\_\_\_\_ ICAP Advisor \_\_\_\_\_

Transfer  In-District  POA  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 Number (Last 4 digits): \_\_\_\_\_ Student Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_M \_\_\_F

Ethnic Origin (check all that apply):  Hispanic  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

First date in U.S. schools: \_\_\_\_\_

**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:  Yes  No

Please list provider: \_\_\_\_\_ Policy # \_\_\_\_\_

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**AMERICAN INDIAN REGISTRATION**

Do you have any degree of American Indian ancestry?  Yes  No If you have a CDIB card # \_\_\_\_\_  
*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  No If yes, what language? \_\_\_\_\_  
**If yes, please fill out Home Language Survey**

**SCHOOLS ATTENDED**

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Has student withdrawn from previous school?  Yes  No If yes, date withdrawn: \_\_\_\_\_

Name and address of last school attended: \_\_\_\_\_  
Phone # of previous school attended: \_\_\_\_\_

**OTHER CHILDREN IN HOME OR CURRENTLY IN SEQUOYAH PUBLIC SCHOOLS:**

Name School & Grade


**PERMISSION REQUESTED**

YES  NO Has this student ever been retained? If so, when? \_\_\_\_\_

YES  NO Is this student currently on a 504 plan?

YES  NO Is this student currently on an Individualized Education plan (IEP)?

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 # \_aaa \_\_\_\_\_

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 student 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 filling out this Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

