



# FOREST PARK SCHOOL DISTRICT ENROLLMENT FORM

Please print

DATE:

PARENT to complete white boxes

OFFICE personnel to complete gray boxes

## Student's name as it appears on birth certificate:

Last Name

First Name

Middle Name & Suffix (Jr., III, etc.)

Birth Date (mm/dd/yy)

Gender (M / F):

Grade:

School:

Former F.P. student? YES / NO

If Yes, Dates of attendance:

Month—Year to

Month—Year

Resident Yes / No:  
Office use only

## Student's address:

Street Number

Street Name

Apartment  P.O. Box  Lot#

City

Zip Code

(Check one)

## First adult with whom student resides:

Last Name

First Name

Middle Name & Suffix (Jr., III, etc.)

Birth Date (mm/dd/yy)

Gender (M / F)

Relationship to student

Email Address

Area Code Home Phone

Area Code Cell Phone

Area Code Work Phone

Ext.

## Second adult at student's address:

Last Name

First Name

Middle Name & Suffix (Jr., III, etc.)

Birth Date (mm/dd/yy)

Gender (M / F)

Relationship to student

Email Address

Area Code Work Phone

ext.

Area Code Cell Phone

Emergency Contact?  Yes  No

## Parent with shared custody not at student's address:

Is this parent to receive mailings for student?  Yes  No

Last Name

First Name

Middle Name & Suffix (Jr., III, etc.)

Birth Date (mm/dd/yy)

Gender (M / F)

Relationship to student (Mother or Father etc.)

Email Address

Area Code Home Phone

Area Code Cell Phone

Emergency Contact?  Yes  No

Area Code Work Phone

ext.

Address

Street Name

Apartment  P.O. Box  Lot#

City

Zip Code

(Check one)

Has student been suspended or expelled in the last 2 years? If so, please explain when, where, and why.  Yes  No

## Emergency Information

### List Health Alert Information

Is this a critical alert item?  Yes  No

List any medical conditions (allergies, health conditions, emergency medications, etc.) or other information which you would like available to teachers, office personnel, and bus drivers.



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PARENT to complete white boxes

OFFICE personnel to complete gray boxes

Student's name:

Grade:

School:

Did your child receive any special education services at a previous school?

- YES  NO  504 PLAN

If yes, indicate types of services he/she received below.

- Special Education Classes  Speech
- OT-(Occupational Therapy)  Social Work
- PT-(Physical Therapy)

Indicate district/school name & state of last school attended:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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District School State

Did student have an active IEP?  Yes  No

Do you have any other children in your household enrolled at Forest Park? If so, please list their first & last names, school, and grades.

First Name	Last Name	School	Grade

**IMPORTANT— PLEASE READ:** Each parent of a student has his or her own parental rights over that student, which includes the ability to obtain student records and grades, and the right to have the student released to that parent, unless these parental rights have been terminated or modified. If there has been a modification or termination of parental rights, please include a copy of the court order. In absence of such a court order, each parent's parental rights will be respected. If you have any questions, please talk to the Principal.

**Are there any legal restrictions or information the school should be aware of regarding release of the student to the non-custodial parent? If so, please explain:**

## Race / Ethnicity Survey

We encourage you to select an answer for both parts. If the survey is not completed, the U.S. Dept. of Education requires the school district to supply an answer on your behalf.

### Part A

Is this student (or are you) Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking **one or more** boxes to indicate what you consider your student's (or your) race to be.

### Part B

What is the student's (or your) race? (Choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian (a person having origins in any of the original peoples of the Far East, Southeast, Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- Black or African American (A person having origins in any of the black racial groups of Africa).
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

## Emergency Contact Information

Person to be contacted in the event parents cannot be reached. Please include the person's relationship to the student and phone numbers.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to student)

\_\_\_\_\_  
(Phone numbers — work, home & cell)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to student)

\_\_\_\_\_  
(Phone numbers — work, home & cell)

As the parent/legal guardian, my signature affirms all information provided within this form is true and accurate, and that my child and I reside at the student's address on page 1 of this form. I understand false information provided by me may subject me to legal penalties for perjury.

Signature of Parent or Legal Guardian

Date