

Lame Deer Public Schools ENROLLMENT FORM 2009-2010

The following information is very **important** for us to use with our computerized record keeping system.
Please answer each question on **both sides** as completely as possible and return this form to the school office immediately.

STUDENT INFORMATION

Last / First Name (*name on birth cert*): _____
Middle Name: _____
Preferred Name _____ Nickname: _____
Race/Ethnicity _____ Grade _____
Gender: _____ Age _____ Birth Date: _____ Soc. Sec. # (*voluntary*) _____
Ride Bus: Y or N AM PM Both Bus Route _____
Picked up daily? : Y or N Who will pick up student? _____

RELATIONSHIPS

Person who has Custody: _____ Relationship _____
Person(s) Resides with: _____ Relationship _____
Home Address (*street or subdivision*) _____
County of Residence _____
Mailing Address _____ City _____ ST _____ Zip _____
Phone: _____ private Y N Msg Ph. _____ Cell phone: _____
Employer _____ Ph. _____
Home Phone: _____ Work Phone: _____ Msg Phone: _____
Cell Phone: _____ Email Address: _____

Father's Name: _____
Employer _____ Ph. _____
Receive mailings or contact info? Yes or No

Mother's Name _____

Employer _____ Ph. _____

Receive mailings or contact info? Yes or No

Emergency Contact and Check Out Student Information -

Persons to Notify In Case Of Emergency

There Must Be At Least One (1).

Name _____ home# _____ work# _____ Msg# _____

Name _____ home# _____ work# _____ Msg# _____

Name _____ home# _____ work# _____ Msg# _____

Other People who live in same household

Name		M/F	Relationship

Blanket Permission:

Yes ___ No ___ I give permission for my child to take Field trips during the school year with his/her teacher. At the time of yearly field trip permission slips will be sent home also.

Yes ___ No ___ I give permission for Lame Deer School to take photos of my child.

Does your student have any allergies? ___ Yes ___ No If Yes what kind? _____

Does your student take any medications? ___ Yes ___ No (Notify the school nurse on medical form)

High School Only:

Student has permission to drive to and from school: Y or N (This requires a copy of the student's driver's license and a copy of proof of insurance on file; students must leave car keys at front office at the beginning of each day)

Copy of Driver's License Y or N

Copy of Proof of Insurance Y or N

Parent/Guardian Signature: _____ Date: _____