

SALMON RIVER CENTRAL SCHOOL DISTRICT

STUDENT ENROLLMENT FORM

Entering Grade: _____ Today's Date: _____

School Entering: _____ St. Regis Mohawk School _____ Salmon River Elementary _____ Salmon River High School
_____ Salmon River Middle School

Has student ever attended Salmon River Central before? _____yes _____no

If yes, what building? _____ St. Regis Mohawk School _____ Salmon River Elementary
_____ Salmon River Middle School _____ Salmon River High School

STUDENT INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

Gender: _____ Male _____ Female First IPV shot: _____

Birth Date: _____ Birthplace (City/State): _____

911 Residence Address City Zip

Mailing Address (if different from above) City Zip

Home Phone No. _____ Listed _____ Unlisted

Ethnicity: _____ Native American/Alaskan Indian _____ White/Caucasian
(check all that apply) _____ Asian _____ Black/African American
_____ Hawaiian/Pacific Islander _____ Hispanic/Spanish

PARENT/GUARDIAN INFORMATION:

MOTHER: _____ Home Phone:(_____)_____ Cell Phone:(_____)_____
 Does NOT receive school mailings Work Phone:(_____)_____

911 Residence Address City Zip

Mailing Address (if different from above) City Zip

E-mail Address

Employer: _____

FATHER: _____ Home Phone:(_____)_____ Cell Phone:(_____)_____
 Does NOT receive school mailings Work Phone:(_____)_____

911 Residence Address City Zip

Mailing Address (if different from above) City Zip

E-mail Address

Employer: _____

STEP PARENT: _____ Cell phone: (____) _____

Employer: _____ Work Phone: (____) _____

LEGAL GUARDIAN(s): _____ Home Phone:(____) _____ Cell Phone:(____) _____
(if applicable; other than biological parent) Work Phone:(____) _____

911 Residence Address _____ City _____ Zip _____

Mailing Address (if different from above) _____ City _____ Zip _____

E-mail Address _____

Employer: _____

Student lives with: Both parents-one home Both parents-both homes Mother only
 Father only Mother/Stepfather Father/Stepmother
 Legal Guardian(s) Other, specify: _____

Legal Custody (check all that apply):

Court Order on file Sole Physical Custody/Placement with _____
 Joint Custody between _____ Shared Placement between _____
 Primary Placement with _____ Legal Guardian

Other children in family:

Name: _____ DOB: _____ Grade: _____
Name: _____ DOB: _____ Grade: _____
Name: _____ DOB: _____ Grade: _____
Name: _____ DOB: _____ Grade: _____

EMERGENCY CONTACTS (person to call if parent/guardian cannot be reached):

Name/Relationship _____ Phone:(____) _____
Name/Relationship _____ Phone:(____) _____
Name/Relationship _____ Phone:(____) _____

PREVIOUS SCHOOL INFORMATION:

Previous School (name/address): _____ Last date of attendance: _____
_____ (at previous school)
_____ Last grade completed: _____
Previous School phone number: _____ (at previous school)

Has your child ever been retained? _____ If so, what grade? _____

Does your child speak and understand English? _____ If you answered no, please request a Home Language Questionnaire.

Special services your child received at previous school (check all that apply):

Speech Special Ed. (IEP) 504 Plan Other
 Title I Counseling Resource Room

Office Use Only:

Date of Entry: _____ First IPV: _____
Student ID No.: _____ Free/Reduced Lunch App completed: _____
Homeroom: _____ Sent For: _____
Bus No.: _____ Received: _____