

MONROE COUNTY BOARD OF EDUCATION ENROLLMENT FORM

HAS THE STUDENT RECEIVED ANY OF THE FOLLOWING SERVICES?

SPECIAL EDUCATION _____
504 _____

SPEECH _____
ELL _____

STUDENT NAME: _____
FIRST MIDDLE LAST

NAME PREFERRED: _____

DATE OF BIRTH: _____ Age _____

PLACE OF BIRTH: _____

SOCIAL SECURITY # (voluntary): _____

*This number is used only for identification for student enrollment. In the event that the number is not provided, a state identification number will be assigned for this purpose.

GENDER: M OR F
Please circle one

ETHNICITY: Black White Hispanic Asian
Please circle one
Indian Other _____

HOME LANGUAGE: _____

PARENT/GUARDIAN CONTACT #S: HOME: _____

CELL: _____ WORK: _____

EMAIL: _____

MAILING ADDRESS:

PHYSICAL ADDRESS (911 address)

City State Zip

City State ZIP

EMERGENCY CONTACTS:

1) NAME: _____

(2) NAME: _____

RELATIONSHIP TO STUDENT

RELATIONSHIP TO STUDENT

PHONE: _____

PHONE: _____

FATHER'S NAME: _____

OCCUPATON & EMPLOYER:

ADDRESS: _____

MOTHER'S NAME: _____

OCCUPATON & EMPLOYER:

ADDRESS: _____

IF OTHER THAN PARENTS, CHILD LIVES WITH: _____

MUST PRESENT AT LEAST TWO (2) OF THE FOLLOWING AS VERIFICATION OF ADDRESS:

- (1) Property Tax Records
- (3) Apartment or home lease
- (5) Automobile registration

- (2) Mortgage document or property deed
- (4) Utility bill

VERIFICATION: *Under penalties of perjury, I declare that my signature below verifies the information provided is true and correct and that my residency and the residency of this student for the upcoming school year is located within the attendance zone of the school of enrollment.*

Signature of Parent / Guardian

Date

FOR PRESCHOOL AND KINDERGARTEN REGISTRATION ONLY:

1. Is your child currently receiving services from the local school system?
Yes_____ No_____

2. Does your child have a current Individualized Education Plan (IEP)?
Yes_____ No_____

3. Has your child attended Head Start?
Yes_____ No_____

If Yes, More than 1 year, 1 year or Less than 1 year? (Circle One)

4. Has your child ever attended a center based childcare program?
Yes_____ No_____

If Yes, More than 1 year, 1 year or Less than 1 year? (Circle One)

5. Has your child attended a home based childcare program?
Yes_____ No_____

If Yes, More than 1 year, 1 year or Less than 1 year? (Circle One)

6. Has your child participated in a home visiting program?
Yes_____ No_____

If Yes, More than 1 year, 1 year or Less than 1 year? (Circle One)

7. Has your child attended another preschool program?
Yes_____ No_____

If Yes, More than 1 year, 1 year or Less than 1 year? (Circle One)

8. My child was primarily taken care of at home by a relative prior to Kindergarten entry.
Yes_____ No_____