

1 per household

HUME R-VIII SCHOOL DISTRICT  
2020-2021 ENROLLMENT FORM

DATE: \_\_\_\_\_

(PLEASE FILL OUT FRONT & BACK OF FORM COMPLETELY)

				Ethnic Origin (check one)	
STUDENTS NAME:(Last, First, MI)	GRADE	Date of Birth:	Sex:(circle)  M or F	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White
				<input type="checkbox"/> Multicultural	<input type="checkbox"/> Asian
				<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian
				<input type="checkbox"/> American Indian or Alaska Native	
STUDENTS NAME: (Last, First, MI)	GRADE	Date of Birth:	Sex:(circle)  M or F	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White
				<input type="checkbox"/> Multicultural	<input type="checkbox"/> Asian
				<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian
				<input type="checkbox"/> American Indian or Alaska Native	
STUDENTS NAME: (Last, First, MI)	GRADE	Date of Birth:	Sex:(circle)  M or F	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White
				<input type="checkbox"/> Multicultural	<input type="checkbox"/> Asian
				<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian
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STUDENTS NAME: (Last, First, MI)	GRADE	Date of Birth:	Sex:(circle)  M or F	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White
				<input type="checkbox"/> Multicultural	<input type="checkbox"/> Asian
				<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian
				<input type="checkbox"/> American Indian or Alaska Native	

Does your child/children have accident insurance? \_\_\_\_\_ Will your child ride the bus? YES \_\_\_\_\_ NO \_\_\_\_\_

ADDRESS: (Please give 911 address)	Home Phone # _____
	School Reach # _____ (If different than Home Phone #)
	Email Address: _____

Father's Name:	Place of Employment:	Work Phone# _____ Cell Phone# _____
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Mother's Name:	Place of Employment:	Work Phone# _____ Cell Phone# _____
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OFFICE USE ONLY

ORIGINAL ENROLLMENT DATE:	EXIT DATE:	DESTINATION SCHOOL:
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(PLEASE FILL OUT FRONT & BACK OF FORM COMPLETELY)

Student Resides with:

Address:

Home Phone# \_\_\_\_\_

Name/Address of Babysitter:

(Please give directions)

Phone# \_\_\_\_\_

Do you have family members who have been or are engaged in temporary or seasonal agricultural-related work residing in the LEA throughout the school year?       Yes       No

Does your child use a language other than English?

Yes       No      What language?: \_\_\_\_\_

Is a language other than English used in your home?

Yes       No      What language?: \_\_\_\_\_

Emergency Contacts(other than above numbers): Please list the persons and their phone numbers who have authority to pick up your child from school, other than parents. If you are unable to be reached in case of an emergency we will contact one of the people listed below.

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone# \_\_\_\_\_

4. \_\_\_\_\_ Phone# \_\_\_\_\_

Legal Parent/Guardian Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Do you have more than one family living in your household?       Yes       No