

HUME R-VIII SCHOOL DISTRICT
2019-2020 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 <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 <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 #)			
Do you live one or more miles from the school?		Email Address: _____			
Father's Name:		Place of Employment:		Work Phone# _____	
				Cell Phone# _____	
Mother's Name:		Place of Employment:		Work Phone# _____	
				Cell Phone# _____	

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: _____