

**SCHOOL DISTRICT 102  
NEW STUDENT ENROLLMENT FORM**

*Please Print*

Student's Legal Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_

Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Father's Name \_\_\_\_\_ Student's Medicaid # \_\_\_\_\_

Child resides with:            both parents \_\_\_            mother only \_\_\_            father only \_\_\_  
   mother and stepfather \_\_\_            father and stepmother \_\_\_            other \_\_\_\_\_

Federal law requires us to ask for this information:

A. Is this student Hispanic/Latino?    No, not Hispanic/Latino \_\_\_            Yes, Hispanic/Latino \_\_\_

B. What is the student's race? (Choose one or more.)

American Indian or Alaskan Native \_\_\_\_\_    Asian \_\_\_\_\_    Black or African American \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_    White \_\_\_\_\_

Is this student currently following an individualized educational plan for special education services? Yes \_\_\_ No \_\_\_

Is a parent/guardian serving in the armed forces? Yes \_\_\_ No \_\_\_

Other children in household:

Name	Birth date	Grade	Relationship to student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous address: \_\_\_\_\_

Previous school:

Name	Address	Dates attended
_____	_____	_____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

For office use    102 School \_\_\_\_\_    Entry date \_\_\_\_\_    Student No \_\_\_\_\_