

(For Office Use Only)

____ Immunizations
____ Birth Certificate
____ Current TB
____ Proof of Residency

(For Office Use Only)

____ Site
____ Grade & Teacher
____ Enrollement date

EASTERN SIERRA UNIFIED SCHOOL DISTRICT
ENROLLMENT DATA FORM

____ Student's Last Name First Middle Birth date Birth Place

____ Male/Female Ethnicity Language used at Home Parent E-mail address

____ Physical Street Address PO Box Home Phone #

____ Father's Name Ethnicity Employer Work Phone & or Cell Phone #

____ Mother's Name Ethnicity Employer Work Phone & or Cell Phone #

____ Emergency Contacts & Phone #'s #2 #3

Brothers & Sisters

____ Name & Birth Date Name & Birth Date Father's level of Education

____ Name & Birth Date Name & Birth Date Mother's level of Education

____ Family Doctor & phone # Last School Attended: Address & Phone #

Has this student ever been retained or skipped a grade? ___ No ___ Yes _____

Has this student ever been in any special programs? ___ No ___ Yes _____

Does this student have any health problems? ___ No ___ Yes _____

Does this student have any allergies? ___ No ___ Yes _____

Is this student on any medication? ___ No ___ Yes _____

Are there any other problems we should know about? ___ No ___ Yes _____

Is this student currently expelled from a public school

District?, if Yes, explain the reason and length of expulsion. ___ No ___ Yes _____

Please list by name and relation, persons with permission to pick-up your child from school.

____ Name Relation

____ Parent or Guardian Signature

____ Name Relation

____ Relation to Student

____ Name Relation

____ Date

Secretaries please send Copy to District office