

PLATTE COUNTY HIGH SCHOOL SUMMER ENROLLMENT FORM

School Year: Summer 2008

Current Grade:

Current Teacher:

Student's Legal Name

Last

First

Middle

Nickname

SS#: (optional)

Gender: Male Female Birth Cert#--State:

Birthdate:

County of Residence:

Home Telephone:

Mailing Address

City/State

Zip Code

Location of Residence (if above address is not a street address):

Ethnic Group/Race: White Black Hispanic Asian Indian

US Citizen? Yes No If No, Date Entered US:

Parent/Guardian Information (ONE NAME PER LINE)

(List Parent/Guardian only. All others please list on back as Emergency Contact.)

Name Relationship Home Phone

Last

First

Address City/State/Zip

Home Email address Cell Phone

Work Email address Pager

Employer Work Phone

Does student live with you? Yes No Do you have legal custody? Yes No Is there a court order regarding custody? Yes No

Is person listed above authorized to pick up this child from school? Yes No Parent in Military Yes No

Name Relationship Home Phone

Last

First

Address City/State/Zip

Home Email address Cell Phone

Work Email address Pager

Employer Work Phone

Does student live with you? Yes No Do you have legal custody? Yes No Is there a court order regarding custody? Yes No

Is person listed above authorized to pick up this child from school? Yes No Parent in Military Yes No

PLEASE FILL OUT!

2008 - 2009 Grade: _____

Session 1 (June 2 - June 17)

7:30 a.m. - 12:30 p.m. _____ Teacher _____

Session 2 (June 18 - July 3)

7:30 a.m. - 12:30 p.m. _____ Teacher _____

Student's Legal Name _____

Last

First

MI

EMERGENCY CONTACT INFORMATION

(Other than Parent/Guardian)

1. Name/Relationship: _____ / _____ Phone #: _____

2. Name/Relationship: _____ / _____ Phone #: _____

3. Name/Relationship: _____ / _____ Phone #: _____

4. Name/Relationship: _____ / _____ Phone #: _____

May we discuss the reason for the contact with the persons listed above? Yes No

If you cannot be reached, are the above persons authorized to pick up your child? Yes No

If unable to contact either you or the person(s) listed above, please give specific instructions for school personnel to follow in the case of an emergency.

In accordance with the Privacy Act, we ask that you indicate by signing below, if you approve of your child's name/photo being released to the news media for purposes of Honor Roll, School Achievement/Awards, Sports, School-based Websites, School-wide directory (including address and telephone number) or other school activities.

Date: ____/____/____

Parent/Guardian Signature

X

OTHER INFORMATION

Pursuant to federal law, military recruiters and institutions of higher education may request and receive the names, addresses and telephone numbers of all high school students, unless their parents or guardians notify the school not to release this information. Please notify the district if you do not want this information released.

*Has student ever received Special Education, Remedial Education, Gifted Program, or at Risk Program Services? Yes No

Type _____ Year _____ Where _____

Has your student ever received instruction as an English Language Learner? Yes No Date Received: ____/____/____

What is the primary language spoken at home? _____

Has the family moved in the last 3 years for migratory agricultural, dairy, or fisher work? Yes No

Signature of Parent/Guardian _____ X

Date: ____/____/____

PLEASE NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES ON YOUR STUDENT INFORMATION FORM.