

## Nebo School District Student Enrollment Form

**Student Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Mailing Address: (if different):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<p><b>Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Race: (Choose all that apply)</b></p> <p><input type="checkbox"/> American Indian/Native American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><b>Is there a primary language other than English spoken at home?</b></p> <p><input type="checkbox"/> Yes: Language: _____</p> <p><input type="checkbox"/> No</p>	<p>Has this student been enrolled in Special Education classes in the past 3 years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Resource <input type="checkbox"/> Speech</p> <p>Is there a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a current 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a health care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>SCHOOL LAST ATTENDED:</b></p> <p>_____</p> <p>City: _____ State: _____</p>	<p><b>Does the student have a history of:</b></p> <p><input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Heart Problems</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Allergies _____</p> <p>Medications currently taking:</p> <p>_____</p> <p>Special needs or health concerns:</p> <p>_____</p>
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Has the student ever been suspended for a total of more than three days?  Yes  No

**Enrolling Parent/Guardian Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Phones: (Home):** \_\_\_\_\_ **(Cell):** \_\_\_\_\_ **(Work):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(If not living with child)

Student is my biological or adopted child  I live with the student  Active Military  
 I am divorced from child's biological/adoptive parent **(Copy of court order of physical custody of child must be provided BEFORE student will be enrolled in school.)**  
 I am NOT the biological or adoptive parent of this child **(Copy of guardianship or court order must be provided BEFORE student will be enrolled in school.)**  
 I am the foster/proctor parent of this student **(Copy of placement documentation must be provided BEFORE student will be enrolled in school. Must complete YIC Registration Forms. Contact Landmark and District Office.)**  
 None of the above statements describe my relationship to this student. **(Contact District Office.)**

**Spouse or other Parent/Guardian Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Phones: (Home):** \_\_\_\_\_ **(Cell):** \_\_\_\_\_ **(Work):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(If not living with child)

Student is my biological or adopted child  I live with the student  Active Military  Other \_\_\_\_\_  
 I am divorced from child's biological parent  Foster/Proctor parent  Step parent \_\_\_\_\_

**Emergency Contacts not listed above (authorized for school to release student to in an emergency)**

Name: \_\_\_\_\_ Phones: Primary \_\_\_\_\_ Alternate: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phones: Primary \_\_\_\_\_ Alternate: \_\_\_\_\_

State law requires that a student must have a birth certificate and a current immunization record on file in order to attend school. As custodial parent/legal guardian of this student, I verify that the information to the best of my knowledge is true and correct. I also understand that misrepresentation of any information may result in this student being removed from school permanently or until the issue is resolved.

**Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_