**BASIC PUPIL INFORMATION**

 Student Name:

 Last First Middle

 Date of Birth:

 Grade:       Telephone Number:

 US Citizen: **Yes No ** Sex: **Male  Female ** Hispanic or Latino: **Yes  No** 

 Race: Asian American Indian / Alaskan Native Black / African American Multi-Racial

 Native Hawaiian / Other Pacific Islander White

Mailing Address:

Specific Location:

 I /We have **legal** guardianship of student: Both Parents Mother  Father  Other 

**(Legal documents concerning child custoday, adoption and guardianship must be on record in student file)**

 Student **lives** with: Both Parents Mother Father Other

 Father / Guardian Name:       Mother / Guardian Name:

 Address:       Address:

 Home Phone:       Home Phone:

 Cell Phone:       Cell Phone:

 Employer:       Employer:

 Work Phone:       Work Phone:

 Email Address:       Email Address:

**School Reach Number** **(Number to call regarding school delays, cancellations, etc.)**

If child enrolling attended another school or pre-school before coming to Port Allegany Elementary, please provide the name and address of the school:

 Has the student previously attended Port Allegany Elementary School?       If **Yes** what grade?

 Has the student been in any special education class (Resource, Self-contained, Gifted, Title I, Speech)?

 If **Yes** Where?

Please list the full names of all other children in your family: (Use back of this page if needed please.)

 Name:       Name:       Name:

Date of Birth:      Date of Birth:       Date of Birth:

Place of Birth:      Place of Birth:      Place of Birth:

 Grade:      Grade:       Grade:

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