

# KALIDA LOCAL SCHOOL NEW ENROLLMENT DATA SHEET

## KINDERGARTEN THROUGH GRADE 12

**STUDENT'S LEGAL NAME** \_\_\_\_\_  
 \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Initial)  
 Current Grade \_\_\_\_\_ Admission Date \_\_\_\_\_ Birth date \_\_\_\_\_  
 \_\_\_\_\_ (MM/DD/YYYY) \_\_\_\_\_ (MM/DD/YYYY) \_\_\_\_\_ (MM/DD/YYYY)  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth City \_\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 MOTHER'S MAIDEN NAME \_\_\_\_\_ SPECIAL EDUCATION PROGRAM/504 PLAN \_\_\_\_\_  
 PREVIOUSLY ENROLLED IN EARLY CHILDHOOD PROGRAM: YES NO (CIRCLE ONE) \_\_\_\_\_ (Name of pre-K school attended)

**RACE/ETHNICITY**

1.  Hispanic/Latino (**Yes or No**)- (Cuban/Mexican/Puerto Rican or South or Central American culture)  
 2.  White  Black or African American  Native Hawaiian or Pacific Islander  
 Asian  American Indian or Alaska Native

**NATIVE LANGUAGE**

- (ENG) English  (ALB) Albanian  (AMH) Amharic  (ARA) Arabic  (CAN) Cantonese  
 (CRE) Creole (French)  (GER) German  (HMG) Hmong  (KOR) Korean  (LAO) Laotian  
 (NAV) Navajo  (PTG) Portuguese  (RUS) Russian  (SBC) Serbo Croatian  (SOM) Somali  
 (SPN) Spanish  (TRI) Tigrinya  (UKR) Ukrainian  (VTM) Vietnamese  (OTH) Other

**ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_ (Street & P O Box if applicable) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP)

**IS PARENT OR GUARDIAN AN ACTIVE MEMBER OF THE ARMED FORCES OR NATIONAL GUARD? YES/NO IF YES,        ARMED FORCES        NATIONAL GUARD**

(Do not include Preschool. Only Grades Kindergarten through 12 education).

**PREVIOUS SCHOOL** \_\_\_\_\_ **PRINCIPAL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP)

**PREVIOUS SCHOOL PHONE NUMBER** (\_\_\_\_\_) \_\_\_\_\_ **PREVIOUS SCHOOL FAX NUMBER** (\_\_\_\_\_) \_\_\_\_\_

**HAS THE STUDENT BEEN ENROLLED IN THE KALIDA SCHOOL DISTRICT BEFORE? \_\_\_\_\_ IF SO, WHAT GRADE? \_\_\_\_\_ YEAR? \_\_\_\_\_**

**STUDENT RESIDES WITH**

Natural Parent  Adoptive Parent  Step-Parent with Custody  Foster Parent  Court Appointed Custodian  Relative  Other

**IS THERE LEGAL CUSTODY PENDING? Y N IF YES, WHEN IS HEARING EXPECTED? \_\_\_\_\_ CASE NUMBER \_\_\_\_\_**

**GUARDIAN (If Other Than Parent) \_\_\_\_\_ SCHOOL DISTRICT OF RESIDENCE \_\_\_\_\_**

**ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP)

**DOCUMENT DEMONSTRATING PROOF OF RESIDENCY \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_**

**FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_**

**HOME ADDRESS \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_**

**HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_**

**MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_**

**HOME ADDRESS \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_**

**HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

- BIRTH CERTIFICATE (COPY)  RECORDS REQUESTED  RECORDS RECEIVED  GRADE ASSIGNED  SHOT RECORD (COPY)  
 TEACHER ASSIGNED  ROOM ASSIGNED  PROOF OF RESIDENCY  SS# CARD (COPY)  CUSTODY PAPER (COPY)