

ELM CREEK ENROLLMENT FORM

Name (Last, First, Middle

Home – Physical Address

Home – Mailing Address

City, State, Zip

Home Phone

Mother's Contact Information

Mother (last, first)

Mother's Home Phone

Mother's Cell Phone

Mother's Employer

Mother's Work Phone

Mother's Email

Father's Contact Information

Father (last, first)

Father's Home Phone

Father's Cell Phone

Father's Employer

Father's Work Phone

Father's Email

Student's Information

Student Cell Phone

Date of Birth

Gender

Female

Male

Grade Level – Circle Grade

PK, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Ethnicity – Check One

Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Race
Check all that apply:

<input type="checkbox"/> (AM) American Indian or Alaska Native <input type="checkbox"/> (AS) Asian <input type="checkbox"/> (BL) Black or African American <input type="checkbox"/> (PI) Native Hawaiian/Other Pac Islander <input type="checkbox"/> (WH) White

Student Lives with: Mother/Father Mother Father Mother/Step Father
 Father/Step Mother Guardian Self Other - Explain: _____

Please check any program(s) in which the student is currently in:

Resource Chapter Reading Chapter Math Speech 504 Plan

Other Significant Data (i.e. asthma) _____

<u>Brothers Name</u>	<u>Date of Birth</u>	<u>Sisters Name</u>	<u>Date of Birth</u>

Emergency Contact #1 _____

Other than Parent	Name	Relationship	Phone Number

Emergency Contact #2 _____

Other than Parent	Name	Relationship	Phone Number

Doctor _____

Name	Phone Number

Residing County – Check One BUFFALO DAWSON PHELPS

Resident of Elm Creek – Check One Yes No Option Student

Signature: _____
(Parent/Guardian/Foster Parent)

Date: _____

Elm Creek Public Schools

230 E. Calkins Ave, Elm Creek, NE 68836

(308) 856-4300 phone (308) 856-4907 fax



Dean Tickle, Superintendent

Jason Sullivan, Principal

Date: _____

(Name of School)

(Address)

(City) (State) (Zip)

Student _____

Student _____

Birthdate _____

Birthdate _____

Grade _____

Grade _____

The above named student has enrolled in our school. Please send the following information:

- _____ MAP Test Scores if Available
- _____ Transcript of Credits including withdrawal grades
- _____ Standardized Test Scores
- _____ Academic-Attendance Records
- _____ Health and Immunization Records
- _____ Physical for Athletic Participation
- _____ Special Ed. Files, Psychological, Chapter I Files, etc.

(Parent / Guardian Signature)

This information will be held in strict confidence. Thank you for your assistance!

Please send records to:

Elm Creek Public School
 %Kathy Hahn
 P.O. Box 490
 Elm Creek, NE 68836
 kathy.hahn@elmcreekschools.org

FILE\ENROLLMENT\REQUEST