

# Student Enrollment Information Form

Enrollment Date \_\_\_\_\_

Please print all information unless signature requested.

## Legal Name of Student

## General Information of Student

First \_\_\_\_\_

Street Address \_\_\_\_\_

Middle \_\_\_\_\_

Mailing Address \_\_\_\_\_

Last \_\_\_\_\_

City, State \_\_\_\_\_

## Legal Guardian's Name

Zip Code \_\_\_\_\_

First \_\_\_\_\_

Sex: Female Male

Last \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relation \_\_\_\_\_

City, State of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

Medicaid Number \_\_\_\_\_

Employer \_\_\_\_\_

CDIB Number \_\_\_\_\_

Work Phone \_\_\_\_\_

Race: American Indian or Alaska Native Asian

## Guardian's Name

Black or African American Hispanic/Latino

First \_\_\_\_\_

Pacific Islander White/Caucasian

Last \_\_\_\_\_

## School Information of Student

Relation \_\_\_\_\_

Present Age \_\_\_\_\_

Home Phone \_\_\_\_\_

Grade Enrolling In \_\_\_\_\_

Cell Phone \_\_\_\_\_

Last School Attended \_\_\_\_\_

Employer \_\_\_\_\_

School Mailing Address \_\_\_\_\_

Work Phone \_\_\_\_\_

City, State \_\_\_\_\_

## Emergency Contact Person

Zip Code \_\_\_\_\_

First \_\_\_\_\_

Has student enrolled at Keystone before? Yes No

Last \_\_\_\_\_

Is English spoken as a second language? Yes No

Relation \_\_\_\_\_

Does student have a current IEP? Yes No

Home Phone \_\_\_\_\_

Does student have any special needs? Yes No

Cell Phone \_\_\_\_\_

If yes, explain: \_\_\_\_\_

# Keystone School Student Enrollment Information Form

**Family Information** (Please list children under the age of 18 still living at home.)

Legal Name of Child	Date of Birth	Grade	School Attending

**Student Information**

Student's Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Does student require medication at regular intervals during the school day or activities? Yes      No  
 If yes, legal guardian/parent should complete authorization to administer medicine form.

Does your child attend a Child or Day Care facility before or after school? Before      After      None

If yes, provide the following information. Facility Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Does student have a non-custodial parent? Yes      No If yes, provide the following information.  
 Name \_\_\_\_\_ Address \_\_\_\_\_

If yes, are there any restrictions on the non-custodial parent? Yes      No If yes, provide legal document.

**Parent/Legal Guardian Consent Information**

I give my permission for my child to have supervised access to the Internet. Yes      No

I give my permission for my child's picture to be published in school publications. Yes      No

Legal Guardian/Parent Signature (below) \_\_\_\_\_  
 Date \_\_\_\_\_

**Check list of items needed to complete enrollment.**

- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Copy of Social Security Card
- \_\_\_\_\_ Copy of Immunization Records
- \_\_\_\_\_ Proof of Residence in Keystone District
- \_\_\_\_\_ Authorization to Administer Medicine Form
- \_\_\_\_\_ Previous School Withdrawal Form
- \_\_\_\_\_ Authorization to Release Information

**OK Educational Indicators Program:**  
 The Social Security Number will be used to determine student enrollment, attendance, and for the allocation of state aid.