



Homer Community Schools Student Enrollment Form

<input type="checkbox"/>	Homer High School
<input type="checkbox"/>	Homer Middle School
<input type="checkbox"/>	Lillian Fletcher Elementary

Today's Date: _____ Entering Grade: _____

Student Information (please print)

Has your child previously attended Homer Community Schools? Yes No If yes, list dates _____
 Is your child a Schools of Choice student? Yes No If yes, what District _____

Student Legal Name _____
 (Last) (First) (Middle)
 Gender: Male Female Birth Date _____ Birthplace _____
 Month/Day/Year City/State

Immigrant Information

Was the student born outside of the US or Puerto Rico? yes no
 If yes, when did the student enter the US schools? _____

Ethnicity/Language Information

Part A: Is this student Hispanic or Latino (**Choose only one**) Yes, Hispanic or Latino No, not Hispanic or Latino
Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
Part B: (Choose, one or more. If you choose more than one, please indicate 1 for Primary, 2, 3, etc.)
 American Indian/Alaska Native Asian African-American/Black
 Native Hawaiian/Pacific Islander White

Note: Both parts A and B must be completed. We encourage you to select an answer for both parts. If either part A or B is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

Is your child's primary language English? Yes No If no, please ask for a State Board of Education Approved Home Language Survey.

Family Information (please print)

Street Address _____ **City** _____ **State** _____ **Zip** _____

Living Arrangement: Own Rent With Relative/Friend Other _____

Home Phone _____ **Residence** **Cell** Phone for school closing/announcements _____

Parent/Guardian living in home with student: _____

Relationship to student: _____ **Cell Phone** _____ **Daytime Phone** _____

Parent/Guardian living in home with student: _____

Relationship to student: _____ **Cell Phone** _____ **Daytime Phone** _____

Name of Parent Living Elsewhere: _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Relationship to student _____ **Phone** _____

Other children who reside in the home:

Name _____ Birth Date _____ Grade ___ natural sibling stepsibling

Name _____ Birth Date _____ Grade ___ natural sibling stepsibling

Miscellaneous Information

Name of previous school attended _____ Last Date Attended _____

School Name _____ District Name _____
School Street Address _____ City _____ State _____ Zip _____

School Phone Number _____ Reason for leaving _____

Has your child been expelled or suspended from a previous school? ___ Yes ___ No If yes, please give details _____

Is the student presently on probation? ___ Yes ___ No If yes, please list the name of the court and the name of the probation officer _____

Student Services

Student Services (Check services that your child received from his/her previous school)

___ Special Education ___ Speech ___ English as a Second Language ___ Learning Disabled
___ Social Worker ___ Title I ___ 504 Accommodations ___ Reading Recovery

Emergency Contacts (Person to call if parent/guardian cannot be reached)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

To be Completed for Elementary Bus Students Only

Is your home: ___ a house or ___ a mobile home Color: _____
Which side of the road is it on? ___ North ___ South ___ East ___ West
Nearest crossroad: _____

Signature

I affirm that, as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, may subject me to legal penalties for perjury.

Parent/Guardian Signature _____

Date _____

For School Use Only

Student Number: _____ Entry Date: _____ Locker Number _____
Birth Certificate: ___ Yes ___ No Immunization Records: ___ Yes ___ No
Sp. Ed. Placement Form: ___ Yes ___ No ___ Misc Forms (lunch, nurse, tech, media) ___ Bus Form
Student Records: Requested from/Date _____ Received Date _____
Non-Resident Status: ___ Dual Residence ___ Schools of Choice ___ District Release