



**2009 - 2010
USD 428 Student Enrollment Form**

STUDENT INFORMATION

Student Last Name: _____ **First:** _____ **Middle:** _____ **Grade:** _____

Address: _____

City, State Zip: _____

Home Phone: _____

Birthdate: _____ Gender: Male Female

Student's Place of Birth: _____

First Entry Date into a US School: _____

Kansas School Entry Date: _____

Are you Hispanic/Latino or of Spanish origin?

Yes No

Select one or more races from the following racial groups

White Black/African American Asian
 Native American/Alaskan Pacific Islander
(see back of form for further explanation)

Is a language other than English spoken or used in your home? Yes No

If yes, what language? _____

Last School Attended: _____

Address: _____

District of Residence: _____

New Student to USD 428 Returning Student

Do you live outside of the city limits of Great Bend and 2.5 miles or more from designated school? Yes No

Does your child have a current Individual Educational Plan (IEP) Yes No

FAMILY INFORMATION

Mother: _____

Address: _____

City, State ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

E-mail: _____

Employer: _____

Father: _____

Address: _____

City, State ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

E-mail: _____

Employer: _____

Student lives with (check one): Mother/Father Mother only Father only Mother/Stepfather Father/Stepmother
Guardian (relationship): _____ Access to child is legally restricted. (A copy of a court order must be on file.)

EMERGENCY INFORMATION

Please list persons other than parents who could pick up your child. We will attempt to call parents first.

Name: _____

Address: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Relationship: _____

SIBLING INFORMATION

List all other siblings Birthdate 2009-2010 Grade 2009-2010 School

1. _____

2. _____

3. _____

*You have permission to give my child's medical diagnosis to appropriate USD #428 personnel.

Parent signature _____

Date _____