

# Seymour Community School Enrollment/Emergency Form

FULL NAME: **Include Middle Name**

Ethnicity:

Grade:

Gender:

Date of Birth:

Place of Birth:

Social Security No.:

Last School Attended:

County:

Ride Bus:

Primary language spoken in home?

Other language(s) spoken in the home? \_\_\_\_\_

1 - Am. Indian

2 - Asian or Pacific Isl.

3 - Hispanic

4 - Black (non-Hispanic)

5 - White (caucasian)

## PARENT/GUARDIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone 1 \_\_\_\_\_

Ph1 Descr \_\_\_\_\_

Phone 2 \_\_\_\_\_

Ph2 Descr \_\_\_\_\_

Phone 3 \_\_\_\_\_

Ph3 Descr \_\_\_\_\_

Phone 4 \_\_\_\_\_

Ph4 Descr \_\_\_\_\_

Email \_\_\_\_\_

Student's Cell \_\_\_\_\_

Password for  
Parent Access \_\_\_\_\_

## EMERGENCY CONTACT

List someone other than the primary contact that can be reached in case we are unable to contact you.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

HmPh Descr \_\_\_\_\_

Work Phone1 \_\_\_\_\_

WkPh1 Descr \_\_\_\_\_

Work Phone2 \_\_\_\_\_

WkPh2 Descr \_\_\_\_\_

Cell Phone1 \_\_\_\_\_

CPh1 Descr \_\_\_\_\_

Cell Phone2 \_\_\_\_\_

CPh2 Descr \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_