

Seymour Community School Enrollment/Emergency Form

FULL NAME: _____

FULL LEGAL NAME: _____
(If different than above)

Grade _____ **Date of Birth:** _____ **Ride Bus:** _____

Gender _____ **Place of Birth:** _____

Social Security No.: _____ **Last School Attended:** _____

County: _____ **Student Ever Attend Preschool?** Y _____ N _____

Primary language spoken in home? _____ **Other language(s) spoken in the home?** _____

Race: Hispanic _____ Non-Hispanic _____

Ethnicity:

1 - American Indian-Alaskan Native 2 - Asian 3 - Black-African American 4 - Hawaiian/Pacific Islander 5 - White-Caucasian

PARENT/GUARDIAN

Name _____

Address _____

City, State Zip _____

Phone _____ **Name** _____ **Student Pick Up? Y _____ N _____**

Phone _____ **Name** _____ **Student Pick Up? Y _____ N _____**

Phone _____ **Name** _____ **Student Pick Up? Y _____ N _____**

Phone _____ **Name** _____ **Student Pick Up? Y _____ N _____**

Email _____ **Student's Cell** _____

Password for Parent Access _____

Note: Username is primary contacts last name.

Is there a secondary parent/guardian that does not reside in the same household? Y _____ N _____

If yes, please fill out the secondary contact sheet.

EMERGENCY CONTACT

Name _____

Address _____

City, State Zip _____

Phone _____ **Name** _____ **Student Pick Up? Y _____ N _____**

Phone _____ **Name** _____ **Student Pick Up? Y _____ N _____**

Phone _____ **Name** _____ **Student Pick Up? Y _____ N _____**

Please provide any legal documentation regarding student information, pick-up, conferences, etc. to the office as soon as possible. Thank you.

Parent Signature: _____

Date: _____