



NODAWAY-HOLT R-VII ENROLLMENT

DATE ENTERED _____

GRADE _____

STUDENT NAME _____

BIRTHDATE ____/____/____

GENDER: ____ Male or ____ Female RACE/ETHNICITY: ____ Indian ____ Black ____ Asian
____ Hispanic/Latino ____ White/Caucasian ____ Multi-Racial ____ Pacific Islander
____ Other/Unknown

HOME PHONE (____) _____ E-MAIL _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

COUNTY _____ DIRECTIONS TO HOME: _____

MOTHER/GUARDIAN _____ CELL PHONE(____) _____

HOME ADDRESS _____

EMPLOYER _____ WORK PHONE (____) _____

FATHER/GUARDIAN _____ CELL PHONE(____) _____

HOME ADDRESS _____

EMPLOYER _____ WORK PHONE (____) _____

EMERGENCY CONTACT NAME _____ NUMBER (____) _____

_____ NUMBER (____) _____

HAS THE STUDENT RECEIVED SPECIAL SERVICES FROM ANOTHER DISTRICT? YES or NO
FROM WHAT DISTRICT SHOULD RECORDS BE REQUESTED? _____

If yes, does the child have an IEP for: ____speech ____language ____reading ____math ____other disability (autism, aspergers, TBI, MR, ADHD, etc)

Does the child have a 504 Plan? YES or NO

BEST TIME OF DAY FOR PARENT/TEACHER CONFERENCES: ____ AFTERNOON ____ EVENING

PLEASE LIST ANY YOUNGER CHILDREN RESIDING IN THE HOUSEHOLD AND THEIR BIRTH DATES:

WHERE WILL YOUR CHILD GO IF/WHEN SCHOOL LETS OUT EARLY? _____

IS ENGLISH THE FIRST LANGUAGE SPOKEN IN THE CHILD'S HOME? YES NO

IF NOT, WHAT LANGUAGE IS SPOKEN? _____? (Please fill out home language survey)

HAVE YOU MOVED WITHIN THE LAST SIX MONTHS BECAUSE OF EMPLOYMENT IN SEASONAL AGRICULTURAL OR AGRICULTURAL RELATED WORK? YES NO

DO YOU: SHARE HOUSING WITH ANOTHER FAMILY(IES) LIVE IN A MOTEL/HOTEL

SHELTER PARK ABANDONED BUILDING OTHER HOME APARTMENT

DOES YOUR CHILD HAVE PERMISSION TO USE THE COMPUTER INTERNET UNDER SUPERVISION OF SCHOOL PERSONNEL? YES NO

Signature of Parent/Guardian: _____ Date: _____