

NODAWAY-HOLT R-VII ENROLLMENT FORM

Date Entered _____

Student Name _____ Sex ___ F ___ M Birthdate ___/___/___

Social Security No. _____ Phone No. (_____) _____

Race/Ethnicity: ___ Indian ___ Black ___ Asian ___ Hispanic/Latino ___ White/Caucasian
___ Mutli-Racial ___ Pacific Islander ___ Other/Unknown

Mailing Address

Street, P.O. Box _____ City _____ Zip _____

County _____ Directions to home _____

Father/Guardian _____ Address _____

Employer _____ Work Phone _____ Home Phone _____

Mother/Guardian _____ Address _____

Employer _____ Work Phone _____ Home Phone _____

Father's Cell Phone (_____) _____ Mother's Cell Phone (_____) _____

Parent Email Address: _____

Has the student received special services from another district? YES or NO

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

FROM WHAT DISTRICT SHOULD RECORDS BE REQUESTED? _____

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

WHERE WILL YOUR CHILD GO IF SCHOOL LETS OUT EARLY?

CONTINUED ON BACK

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

IF NOT, WHAT LANGUAGE IS SPOKEN? _____

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

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

