

NEW YORK MILLS PUBLIC SCHOOL

ENROLLMENT INFORMATION

WELCOME TO NYM!



STUDENT INFORMATION

Last Name _____ Grade _____ Sex _____
First Name _____
Middle Name _____ Birth date _____
911 Street Address (Physical Address) _____
Mailing Address _____
City _____ State _____ Zip _____
Home Telephone No. _____
Cell Phone _____
Email _____

Note: If you are not a resident of the NYM School District, you will need to fill out an Open Enrollment form. In addition, if you are requesting transportation, a transportation request will also need to be filled out. Please contact the office @ 385-2553 with any further questions. Thank you.

PARENT/CONTACT INFORMATION:

Father's Name _____ Has Custody _____
911 Address (Physical Address) _____
Mailing Address _____
City _____ State _____ Zip _____
Father's Work No. _____ Occupation _____
Cell phone _____
Email _____

Mother's Name _____ Has Custody _____
911 Address (Physical Address) _____
Mailing Address _____
City _____ State _____ Zip _____
Mother's Work No. _____
Occupation _____
Cell phone _____
Email _____

Living With: Check One: Both Parents _____ Father _____ Mother _____
Other _____ If Other: Name _____
Address _____
Phone No. _____
Cell _____
Email _____

EMERGENCY CONTACT:

Name _____ Ph _____
Relationship _____
Name _____ Ph _____
Relationship _____

List 2 local contacts that will assume responsibility for your child if school personnel are unable to reach you in an emergency.

Health Concerns/Allergies

All medications need to have written authorization to be administered at school. See health services page on the website for medication forms.

Ethnicity:

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Fill in the box with Code

- 1: American Indian or Alaskan Native
2: Asian or Pacific Islander 3: Hispanic
4: Black, not of Hispanic origin
5: White, not of Hispanic origin

Please hand this form into the office.