

ENROLLMENT FORM FOR SIS ENTRY

Please complete at time of entry. This will assist in completing the screen for computer entry.

LAST NAME: _____.

FIRST NAME: _____

FULL MIDDLE NAME: _____

CALLED NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

SEX: _____ RACE: _____

D.O.B. _____ CITY OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

GRADE LEVEL THIS YEAR: _____

COMING FROM SCHOOL DISTRICT LAST: _____

PRIMARY PARENT/GUARDIAN

PARENT/GUARDIAN: _____

RELATIONSHIP TO CHILD: _____

MOTHER'S MAIDEN NAME: _____

EMAIL ADDRESS: _____

2ND PARENT/GUARDIAN – IF RESTRICTED TO GRADES ONLY, WILL BE MARKED ACCORDINGLY IN SIS SO THEY CAN HAVE A PROGRESSBOOK ACCOUNT:

PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP TO CHILD: _____

EMAIL ADDRESS: _____