



# Shelby Public Schools Enrollment Form

Early Childhood Center ~ Thomas Read Elementary ~ New Era Elementary ~ Shelby Middle School ~ Shelby High School

FOR SCHOOL USE ONLY Birth Certificate: \_\_\_\_\_ Proof of Residency: \_\_\_\_\_

## STUDENT INFORMATION-(Please Print)

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  M  F Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

### ETHNICITY

Is the student Hispanic/Latino?  Yes  No

What is the student's race?  White  Black  American Indian or Alaskan Native  Asian  
 Native Hawaiian or Pacific Islander

## MIGRANT/IMMIGRATION INFORMATION

Has the family moved in the past 3 years for agricultural purposes?  Yes  No

Country of Birth: \_\_\_\_\_ Entry Date into US: \_\_\_\_\_ Number of Years Living in US: \_\_\_\_\_

## LANGUAGE INFORMATION

What is the first language the student learned to speak?  English  Spanish  Other: \_\_\_\_\_

What language is used regularly by the student?  English  Spanish  Other: \_\_\_\_\_

What language is used regularly in the home?  English  Spanish  Other: \_\_\_\_\_

What language do you prefer for school communications?  English  Spanish  Other: \_\_\_\_\_

## SPECIAL SERVICES INFORMATION

Does the student receive special education services?  Yes  No

Does the student have a current 504 Plan?  Yes  No  
if yes, please indicate if related to  Academics  Health

## PREVIOUS SCHOOL INFORMATION

Has the student attended another Shelby Public School?  Yes  No Grade: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Grade: \_\_\_\_\_ School Yr: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Is the student presently under an expulsion order from any other school district?  Yes  No

## MEDICAL ALERTS/HEALTH CONDITIONS (Asthma, Allergies, etc.) Parents/Guardians are responsible for providing full details on any medical condition to the school.

Medical Alert/Health Condition: \_\_\_\_\_

## MEDICATION INFORMATION - Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.

Is the student taking any medication regularly?  Yes  No If yes, please list the medications: \_\_\_\_\_

Is the student allergic to any medication(s)?  Yes  No Indicate allergic reaction: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signing this document I certify the above information is accurate and authorize Shelby Public Schools to seek emergency medical treatment for my student.

