

**ANADARKO PUBLIC SCHOOLS ENROLLMENT FORM
2016-2017**

Date _____ School _____ Grade _____

STUDENT NAME _____
(LEGAL NAME) Last First Middle

STUDENT'S SOCIAL SECURITY NUMBER _____ - _____ - _____

MAILING ADDRESS _____

IF P.O. BOX OR ROUTE #, PLEASE GIVE PHYSICAL DIRECTIONS TO ADDRESS _____

DATE OF BIRTH _____ AGE _____ SEX (CIRCLE ONE) MALE FEMALE

BIRTH CITY _____ STATE _____ COUNTRY _____

WILL STUDENT RIDE A BUS? _____ BUS NUMBER _____

DOES STUDENT LIVE MORE THAN 1 ½ MILES FROM SCHOOL? (CIRCLE ONE) YES NO

SCHOOL STUDENT LAST ATTENDED _____

IF SCHOOL LAST ATTENDED WAS NOT IN ANADARKO, PLEASE GIVE SCHOOL NAME AND ADDRESS _____

IS THIS A TRANSFER STUDENT? YES _____ NO _____
(TRANSFER STUDENTS ATTEND SCHOOL IN ANADARKO WHILE RESIDING WITHIN ANOTHER DISTRICT)

HAS STUDENT BEEN IN SPECIAL EDUCATION CLASSES DURING PREVIOUS SCHOOL YEAR? YES _____ NO _____

PLEASE LIST INDIVIDUALS THAT HAVE YOUR PERMISSION TO CHECK YOUR CHILD OUT FROM SCHOOL.
ONLY PERSONS LISTED ON THIS ENROLLMENT FORM WILL BE ALLOWED TO CHECK OUT YOUR CHILD DURING
SCHOOL HOURS.

PLEASE INDICATE ANY MEDICAL PROBLEMS/CONDITIONS WE SHOULD BE AWARE OF _____

GUARDIAN INFORMATION

GUARDIAN #1 _____
NAME ADDRESS PHONE

RELATIONSHIP TO STUDENT _____
CELL PHONE

Email address _____

EMPLOYER _____
NAME ADDRESS PHONE

PLEASE COMPLETE THE BACK OF THIS FORM

GUARDIAN #2 _____

NAME ADDRESS PHONE
RELATIONSHIP TO STUDENT _____

CELL PHONE _____

EMPLOYER _____

NAME ADDRESS PHONE

ADDITIONAL CONTACT _____

NAME ADDRESS PHONE
RELATIONSHIP TO STUDENT _____

CELL PHONE _____

WITH WHOM DOES THE STUDENT LIVE? (CIRCLE ONE) BOTH PARENTS MOTHER FATHER

GUARDIAN RELATIVE FRIEND

PLEASE LIST NAMES AND GRADES OF ALL CHILDREN CURRENTLY LIVING IN YOUR HOME THAT ARE ATTENDING ANADARKO PUBLIC SCHOOLS FOR 2015-2016.

NAME GRADE _____

NAME GRADE _____

NAME GRADE _____

NAME GRADE _____

NAME GRADE _____

NAME GRADE _____

DOES YOUR CHILD LIVE IN A HOUSING AUTHORITY HOME? (CIRCLE ONE) YES NO

IF YES, CIRCLE ONE: APACHE CADDO COMANCHE DELAWARE KIOWA HOUSING AUTHORITY

WICHITA ANADARKO HOUSING AUTHORITY

OTHER _____

PROJECT NUMBER _____

DOES YOUR CHILD LIVE ON TRUST LAND? (CIRCLE ONE) YES NO

LEGAL DESCRIPTION: TN _____ RNG _____ SEC _____ QTR _____

PLEASE GIVE PHYSICAL DIRECTIONS _____

(IF DIRECTIONS ARE THE SAME AS ON THE OTHER SIDE OF THIS FORM)

PLEASE SIGN AND DATE THIS ENROLLMENT FORM VERIFYING ALL STUDENT INFORMATION GIVEN ABOVE IS CORRECT:

PARENT/GUARDIAN (circle one) DATE

As part of No Child Left Behind, you may request any teacher's credentials by contacting the building principal.