

STUDENT ENROLLMENT INFORMATION		DATE:
STUDENT 'S NAME: Last First Middle		
Current Grade		
Date of Birth		
Student's Home Address - Street		
City State Zip		
Student's Mailing Address - Street		
City State Zip		
Student's E-Mail Address		
ETHNICITY: Is the student Hispanic or Latino? Circle One		YES NO
What is the student's race? Circle One		(AM) American Indian or Alaska Native
		(AS) Asian
		(BL) Black or African American
		(PI) Native Hawaiian/Other Pac Islander
		(WH) White
FATHER'S NAME: Last First		
Father's Home Address (IF DIFFERENT) - Street		
City State Zip		
Father's Employer		
Father's E-Mail Address		
Father's Home Phone		
Father's Day Phone		
MOTHER'S NAME: Last First		
Mother's Home Address (IF DIFFERENT) - Street		
City State Zip		
Mother's Employer		
Mother's E-Mail Address		
Mother's Home Phone		
Mother's Day Phone		
GUARDIAN'S NAME (IF DIFFERENT): Last First		
Guardian's Address - Street		
City State Zip		
Guardian's E-Mail Address		
Guardian's Home Phone		
Guardian's Day Phone		
Emergency Contact #1 Name and Phone Number		
Emergency Contact #2 Name and Phone Number		
Emergency Contact #3 Name and Phone Number		
Preschool Children in Family and Birthdates		
PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN TO BANNER COUNTY SCHOOL. THANK YOU.		