

ENROLLMENT FORM
 ULYSSES USD #214

Students FULL Legal Name: _____ Grade: _____
 (First) (Middle) (Last)

Gender: _____ Birthdate: _____ Birthplace: _____ Social Security #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address SAME as Home Address Resident School District Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone (student): _____ Email Address (student): _____

Please list the legal Parents/Guardians with whom the student primarily resides (same address & home phone as listed above for the student).

Parent Contact #1 Name: _____ Relationship: _____ Email: _____

Parent Contact #1 Cell Phone: _____ Employer: _____ Work Phone: _____

Parent Contact #2 Name: _____ Relationship: _____ Email: _____

Parent Contact #2 Cell Phone: _____ Employer: _____ Work Phone: _____

Shared or Non-Custodial Information – for Parents/Guardians who have a different address & phone number as listed above for the student.

Parent Contact #3 Name: _____ Relationship: _____ Email: _____

Parent Contact #3 Cell Phone: _____ Employer: _____ Work Phone: _____

Parent Contact #4 Name: _____ Relationship: _____ Email: _____

Parent Contact #4 Cell Phone: _____ Employer: _____ Work Phone: _____

Do we need to mail separate gradecards, etc. to this parent? YES or NO If Yes, please supply an address below:

Mailing address: _____ City, State Zip: _____

Are there legal documents pertaining to custody, protection or other proceedings related to this student? YES or NO

(If yes, please attach a copy of court documents.)

Emergency Information

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we can contact.

Emergency Contact #1 Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact #2 Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact #3 Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

State & Federal Information – Please mark & answer ALL questions.

1. Does this student receive Special Education Services? (IEP or 504) Check one: YES or NO

2. Does this student have a parent (includes step- & non-custodial) active in the military? Check one: YES or NO

3. Does this student ride the bus? If NO, skip to Question 6. Check one: YES or NO

4. Bus Pick up point? _____ Bus Drop off point? _____

5. What is this student's original date of enrollment into a state of KS school? (Can be approx. date) _____

6. Please list siblings: Student Name: _____ School: _____
 Student Name: _____ School: _____
 Student Name: _____ School: _____
 Student Name: _____ School: _____
 Student Name: _____ School: _____