

DAVENPORT SCHOOL DISTRICT ENROLLMENT FORM 2019-2020

Date enrolled _____ Withdrawal date from *previous school _____ Grade Level _____

Is this student **CHOICED** into our district? Yes _____ (paperwork provided, paperwork given) No _____

HOMELESS Yes _____ No _____ If yes, where are you living: _____ shelter, _____ hotel/motel, _____ doubled up with family/friends, _____ unsheltered – living in car, tent, camper, on the streets. Homeless have the right to access all educational services including but not limited to preschool, after school activities transportation, school meals, assistance in accessing other state and local agencies.

Student's legal name: _____ **M / F Name Student goes by:** _____
Last First Middle

Birth date: _____ **Birthplace:** _____

***Previous School Attended:**

Name of District _____ Name of School Attended _____

Address of School: _____ Phone #: _____ FAX #: _____

FAMILY 1: Full Name of Parents/Guardians	Home phone	Work phone	E-mail address
FATHER: _____	_____	_____	_____
MOTHER: _____	_____	_____	_____
GUARDIAN: _____	_____	_____	_____

Street Address: _____ City: _____ Zip _____

Mailing Address: _____ City: _____ Zip _____

Family 1: Employed by the Dept. of Defense? _____ Yes _____ No US Armed Forces? _____ Active Duty _____ Retired
Branch? _____

Has this student been expelled or placed on long-term suspension within the past 12 months? Yes _____ No _____

Has this student received Special Services (Special Education, have a 504 plan)? Yes _____ No _____

Health problems school should be aware of? Yes _____ No _____

FAMILY 2: Full Name of Parents/Guardians	Home phone	Work phone	E-mail address
FATHER: _____	_____	_____	_____
MOTHER: _____	_____	_____	_____
GUARDIAN: _____	_____	_____	_____

Street Address: _____ City: _____ Zip _____

Mailing Address: _____ City: _____ Zip _____

Family 2: Employed by the Dept. of Defense? _____ Yes _____ No US Armed Forces? _____ Active Duty _____ Retired
Branch? _____

LEGAL INFORMATION (if applicable)

Is there a joint-custody or parenting plan in effect? ____ Yes ____ No If yes, plan must be on file with the school for enforcement.

Is there a restraining order in effect? ____ Yes ____ No If yes, legal papers must be on file with the school for enforcement.

Restraining order is against: Name: _____ Relationship _____

EMERGENCY CONTACT(S) – when parents are unavailable:

Name	Phone #	Relationship to student
_____	_____	_____
_____	_____	_____

BROTHERS AND SISTERS (living at home):

Name:	Birthdate:	Grade in School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give permission for my child to be photographed for use on the school's web page & other publications. Yes ____ No ____

MEDICAL RELEASE:

In the event that a parent cannot be reached by telephone, I give my permission for school authorities to seek medical attention for my child at the nearest available medical facility. Yes ____ No ____

RESIDENCY VERIFICATION: ALL information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

Legal Guardian/Parent Signature: _____

Print Name: _____

Date: _____