

DAVENPORT SCHOOL DISTRICT ENROLLMENT FORM 2018-2019

Date enrolled _____ Withdrawal date from previous school _____ Grade Level _____ Enrollment # _____
Is your student **CHOICED** into our district? Yes _____ (request or provide paperwork) No _____

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

Birth date: _____ **Birthplace:** _____

Schools previously attended: _____

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 _____

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 _____

Please select those that apply:
Caucasian _____ Native American _____ Asian _____ African American _____ Hispanic or Latino _____ Other _____
Is a language other than English the primary language at home? _____ If yes, what is the language? _____

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 _____

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: _____