

**Chisholm Elementary School
Enrollment Information 2019-2020**

STUDENT INFORMATION

First, Middle, Last Name:	Social Security #:	Grade:	
Physical Address:	City:	Zip:	
Home Phone #:	DOB:	Age:	City and State of Birth:
Previous School Attended:	City:	State:	

CHECK ONE for Sex, Race, and Ethnicity:			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Student lives with: (check ALL that apply)		Other:	
<input type="checkbox"/> Mother Only	<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Foster parent	
<input type="checkbox"/> Father Only	<input type="checkbox"/> Father/Stepmother	*Custody Paperwork provided Yes	
<input type="checkbox"/> Mother & Father	<input type="checkbox"/> Guardian	Does NOT live in own home/Lives with friends or relatives	
Other (specify)		*Signed Affidavit on file Yes	

NOTE: Any person listed in this section will be granted permission to pick up this student at anytime.

MOTHER'S INFORMATION	FATHER'S INFORMATION
Name:	Name:
Mailing Address:	Mailing Address:
Street Address:	Street Address:
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
E-mail Address:	E-mail Address:
Place of Employment:	Place of Employment:
Work Phone #:	Work Phone #:

Is either parent/guardian Active Duty Military? Yes or No Branch _____

Does the student currently have any siblings enrolled at Chisholm for 2019-2020? Yes or No

Name _____ Grade _____
 Name _____ Grade _____
 Name _____ Grade _____

Special Programs History:

- Has your child ever been enrolled in either of the following programs?
 Special Education YES NO Speech/Language Therapy YES NO
 *If you checked YES, does your child have a current IEP? YES NO
 *Does your child have a current 504 Plan? YES NO
- Has your child ever been retained? YES NO If Yes, what grade? _____
- Has your child ever been recommended for retention? YES NO If Yes, what grade? _____
- Has your child received Title I Services? YES NO If Yes, then circle (Title I Reading and/or Title I Math)
- Has your child ever been placed on an RSA Reading Plan? YES NO Don't know? If Yes, what grade? K, 1, 2, 3, 4, 5
- Has your child qualified for a Gifted-Talented Program: YES NO

Return NOT including cell phone service. . does your child have Internet access at home ? YES NO