

Sidney Community School District
New Student Enrollment Form

Date_____

Student's Legal Name_____

Student's Preferred Name(parent/guardian verified)_____

Gender M / F Social Security #_____ Grade_____

Date of Birth_____ Place of Birth_____

Home Address_____

PO Box Street Address City State Zip Code

Email Address

1)_____ 2)_____

Telephone Contact #

1)_____ 2)_____

In case of emergency call:

Name Telephone#

Language other than English spoken in the home? No / Yes If yes, please list:_____

Student resides with_____

Father_____

Mother_____

Phone_____

Phone_____

Date of Birth_____

Date of Birth_____

Place of Birth_____

Place of Birth_____

Employer Name_____

Employer Name_____

Occupation_____

Occupation_____

Stepfather_____

Stepmother_____

Occupation_____

Occupation_____

Employer Name_____

Employer Name_____

Family Physician_____ City_____ Telephone_____

Was the child receiving support services in his/her former school? If yes, please indicate the type of program:

Special Education_____ Speech_____ Talented/Gifted_____ Other(specify)_____

Last school attended_____ City/State_____

Phone#_____ Fax #_____

Dates Enrolled_____

Signature of person completing form_____