

Sidney Community School District  
New Student Enrollment Form

Date \_\_\_\_\_

Student's **Legal Name** \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
PO Box \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address  
1) \_\_\_\_\_ 2) \_\_\_\_\_

Gender M / F \_\_\_\_\_ Social Security # \_\_\_\_\_

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 \_\_\_\_\_

#of brothers older \_\_\_\_\_, younger \_\_\_\_\_ # of sisters older \_\_\_\_\_ younger \_\_\_\_\_

Family Physician \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_

Was 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