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# WELLSVILLE ELEMENTARY\*USD 289\*ENROLLMENT

## Student Information:

School Use Only

Name \_\_\_\_\_  
(Last) (First) (Middle)

Enrollment Date \_\_\_\_\_

Residency Address \_\_\_\_\_  
\_\_\_\_\_  
(City Apt #, State, Zip)

Grade \_\_\_\_ Teacher \_\_\_\_\_

PO Box# \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_

Birthdate \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

**Student Lives With:** (Check one) \_\_\_\_ Both Parents \_\_\_\_ Mother only \_\_\_\_ Father Only  
\_\_\_\_ Each Parent Alternately \_\_\_\_ Legal Guardian \_\_\_\_ Foster Home \_\_\_\_ Other \_\_\_\_\_

### Parent/Guardian Information

\*If address information and home phone are the same as student's-write "SAME"

**First Contact** (parent/guardian) Relationship Cell# \_\_\_\_\_  
\_\_\_\_\_ Home Ph# \_\_\_\_\_

Home Address (City, State, Zip) \_\_\_\_\_

Employer \_\_\_\_\_ Work ph# \_\_\_\_\_

Email \_\_\_\_\_

**Second Contact** (parent/guardian) Relationship Cell# \_\_\_\_\_  
\_\_\_\_\_ Home Ph# \_\_\_\_\_

Home Address (City, State, Zip) \_\_\_\_\_

Employer \_\_\_\_\_ Work ph# \_\_\_\_\_

Email \_\_\_\_\_

### Race and Ethnicity

Please complete both Part A and Part B

**Part A:** Is the student Hispanic/Latino? (Choose only one)

\_\_\_\_ No, not Hispanic/Latino

\_\_\_\_ Yes, Hispanic/Latino (A person who is Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

**Part B:** What is the student's race? (Choose one or more)

\_\_\_\_ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.)

\_\_\_\_ **Asian** (A person having origins in any of the original peoples of the Far East, South-east Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

\_\_\_\_ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

\_\_\_\_ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

\_\_\_\_ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

**Sibling Information**

Sibling Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Sibling Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Sibling Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

**Emergency Information:** Persons who will assume care of child in emergencies if parents/guardians

Are unavailable, i.e. Day care providers/relative or friend

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph# \_\_\_\_\_

**Adult having legal rights with whom the student does not reside:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Ph# \_\_\_\_\_ Wrk# \_\_\_\_\_

(student address, City, St, Zip)

Cell# \_\_\_\_\_ Email \_\_\_\_\_

If unable to contact parents and emergency caregivers and it is deemed a true emergency by the school, I give permission for any of my children listed on this form to be transported by ambulance to the nearest hospital. I understand that USD 289 is not financially responsible for individual, medical, dental, emergency transportation, or hospital services. I give permission for the information in my child(ren)'s health records to be shared with other appropriate professionals, including by child's physician. It is the parent/guardian responsibility to notify the school of changes in address, phone, or emergency contacts.

**Sign:** \_\_\_\_\_ **Date** \_\_\_\_\_