

Student Enrollment Form Broken Bow Public Schools

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Student	Legal	Name:						Nickname
			First		Last		Middle	
Gender	□М	□F	Date of Birth _		Pla	ce of Birth	1	
Home A	ddress			City	 Zip	Home Pl	none	Option Student □YES □NC
School	Infor	matio	n	,				
Previous	s Scho	ol Atter	nded:	School			City	State
List the	FIRST	TIME t	he student was e	enrolled in an	y school	in the US		
_							Month/Ye	
Does the	e stude	ent have	e an Individual E	ducation plan	ı (IEP) 🗆 `	YES 🗆 NC	Is this Stude	nt a Ward of the Court? □YES □NO
Studer	nt Live	es Wit	h: (Check all tha	at apply)				
□Mother	r □Fath	ner □S	tepfather □Step	mother □Fos	ter Parent	ts □Relati	ves	□Other
			nformation or guardian a men	nber of the Arm	ned Forces	on active o	luty or on full-tim	e National Guard duty? □ YES □ NO
#1 Nam	neGender: M F Relationship to Student					tudent	Access to Parent Portal? □YES □NO Can Contact Student? □YES □NO	
Home A	ddress		_Same As Stude	nt H	ome Phor	neSame	e As Student	Responsible For Student? □YES □NO
Employe	er			Work Phone				Receive Mailings? □YES □NO
Email Address				Cell Phone				Can Receive Text? □YES □NO
								Access to Parent Portal? □YES □NO
				Gender: M F Relationship to Student				
				Home Phone				
								Receive Mailings? □YES □NO
								Can Receive Text? □YES □NO
All Add	ditiona	al Chil	ldren (Under 19	years of age) L	IVING IN T	THIS HOMI	E	
Name:_				Date OF Birt	h	(Gender □M □F	School:
Name:_				Date Of Birth	າ		Gender □M □F	School:
Name:_				Date Of Birth	າ		Gender □M □F	School:
Name:_				Date Of Birth	າ		Gender □M □F	School:
Does any	yone oth	ner than	the natural mothe	r/father have le	egal guard	ianship or	legal custody**	papers on this student? □YES □NO
If 'Yes', F	Please g	jive nam al papei	ne and relationship	to the student	t be on file	e at the sc	hool before the	school can release information to

anyone other than the parents.

Has a legal restraint*** been placed on anyone relating to the child? □YES □NO
***Copies of the legal documentation detailing any restraints must be on file at the school before the school can legally follow any restraining order.

List any other parents or legal guardians that the student does NOT live with: Relationship to student____ Adult #1 Name____ Home Phone Cell Phone Home Address Receive mailings? □YES □NO Receive messenger notifications? □YES □NO Access to Parent Portal? □YES □NO Emergency Contact? □YES □NO Adult #2 Name_____ Relationship to student_____ Home Phone Cell Phone Home Address Receive mailings? \(\text{PES} \(\text{DNO} \) Receive messenger notifications? \(\text{PES} \(\text{DNO} \) Access to Parent Portal? \(\text{PES} \(\text{DNO} \) Emergency Contact? \(\text{PES} \(\text{DNO} \) **Student Health Information** Please provide specific information for your child. Information will be kept confidential. Health Conditions (diabetes, vision/hearing problems, immune deficiency, seizures) **Asthma Allergies Injury/illness/surgery** (broken bones, chicken pox, hepatitis, appendectomy) Medications taken regularly (please give name of medicine/dosage/reason needed) Taken at school? □YES □NO Date and results of any of the following exams within the last 12 months: Dental Eye Physical_ I understand and agree this information will be reviewed by the school nurse and shared with school staff when appropriate. Signature of Parent/Guardian Date Office Use Only IC#____ _____ State ID #_____ Lunch PIN#____ Initials_ Option student YES NO Home District Name