

School: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (print): \_\_\_\_\_ Gender: M  F

Legal Last Name                      Legal First Name                      Middle Name

Other Name: \_\_\_\_\_

Last Name                      First Name                      Middle Name

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Certificate:  Yes  No Witnessed by: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Month / Day / Year                      City / State

School Last Attended: \_\_\_\_\_ Last Grade: \_\_\_\_\_

Last School Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has student ever attended LCPS?  Yes  No Year(s) Attended: \_\_\_\_\_

Name of LCPS School(s) Previously Attended: \_\_\_\_\_

Student Ethnicity (select one):  Caucasian  African American  Hispanic/Latino  Asian/Pacific Islander  Multi-Racial  
 Native American/Alaskan - Tribal Affiliation \_\_\_\_\_

Language Spoken Most Often at Home: \_\_\_\_\_ Is child bilingual?  Yes  No; If yes, list other  
languages spoken: \_\_\_\_\_

Child Receives These Services (Check all that apply):  Special Ed.  English as Second Language  Advanced (Gifted) Education

Elementary ONLY: Preschool Experience:  Yes  No; If yes, check all that apply:  DD Preschool  Head Start  Childcare  
 Private \_\_\_\_\_  Public

LCPS Bus Student?  Yes  No Bus Number(s) \_\_\_\_\_ Nurse Emergency Form Completed:  Yes  No

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Mailing Address (if different than home address) \_\_\_\_\_

Home Phone (do NOT list neighbor's phone as home phone): \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent/Guardian #1 (Child is living with this parent/guardian): Full Name: \_\_\_\_\_

Relationship to child:  Mother  Father  Step-Mother  Step-Father  Grandparent  Legal Guardian  Other: \_\_\_\_\_

Parent Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Farm Labor Employee?  Yes  No Federal Employee? (includes Military)  Yes  No

Parent/Guardian #2 (Also a parent/legal guardian): Full Name: \_\_\_\_\_

Relationship to child:  Mother  Father  Step-Mother  Step-Father  Grandparent  Legal Guardian  Other: \_\_\_\_\_

Parent Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Farm Labor Employee?  Yes  No Federal Employee? (includes Military)  Yes  No

Is contact with #2 parent/guardian allowed?  Contact Allowed  Mailing Allowed  Also has custody  Has Education Rights

Child Lives with (check one):

Both Parents  Mother Only  Father Only  Mother & Step-Father  Father & Step-Mother  Grandparents

Legal Guardian  Other \_\_\_\_\_ List all household family members attending public school: \_\_\_\_\_

OFFICE USE ONLY

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Room # \_\_\_\_\_ ID # \_\_\_\_\_

Enrollment Code: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ AIP:  Yes  No

Immunizations Verified:  Yes  No Nurse Initials \_\_\_\_\_ Date: \_\_\_\_\_