

Bement CUSD #5 / Bement High School
NEW Student Enrollment Form

STUDENT NAME (FIRST, MIDDLE & LAST): _____

HOME ADDRESS (STREET, TOWN & ZIP): _____

MAILING ADDRESS (If different from above): _____

GRADE ENTERING: _____ **STUDENT'S SOCIAL SECURITY #:** _____

BIRTHDATE: _____ **GENDER:** _____ **BIRTHPLACE** (Country, City & State): _____

HOME LANGUAGE: _____ **MOTHER'S MAIDEN NAME:** _____

FIRST ENROLLMENT IN A PUBLIC SCHOOL: Y N **HOME LANGUAGE:** _____

MILITARY:

Does the student's parent/guardian serve in the military, including National Guard or Reserves? Y N

Is the parent/guardian currently on active duty or expect to be deployed this year? Y N

Has a parent/guardian returned from deployment in the last 6 months? Y N

PARENT/GUARDIAN #1 INFORMATION: (Note: If a student lives with a legal guardian, appropriate proof of guardianship is required.)

NAME: _____ **RELATIONSHIP:** _____

EMAIL ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____ **WORK PHONE:** _____

PLACE OF EMPLOYMENT: _____

Family Member: Y N **Emergency Contact:** Y N **Custodian:** Y N **Allowed to Pick Up:** Y N **Receives Mailings:** Y N

PARENT/GUARDIAN #2 INFORMATION:

NAME: _____ **RELATIONSHIP:** _____

EMAIL ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____ **WORK PHONE:** _____

PLACE OF EMPLOYMENT: _____

Family Member: Y N **Emergency Contact:** Y N **Custodian:** Y N **Allowed to Pick Up:** Y N **Receives Mailings:** Y N

EMERGENCY CONTACT INFORMATION (Other than above names) Parent will be notified first, if possible.

NAME #1: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **WORK PHONE:** _____ **ALLOWED TO PICK UP:** Y N

NAME #2: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **WORK PHONE:** _____ **ALLOWED TO PICK UP:** Y N

STUDENT NAME: _____

LAST SCHOOL ATTENDED: _____ DATES: _____

ADDRESS: _____

LIST THE COURSES STUDENT WAS MOST RECENTLY TAKING AT LAST SCHOOL ATTENDED:

Is the student currently serving a suspension or expulsion imposed by the school from which they are transferring: Y N

Circle if the student qualified for any of the following at last school attended:

Free/Reduced Meals Direct Certified Fee Waiver

HEALTH CONCERNS/MEDICAL MATTERS/ALLERGIES: _____

LIST ALL MEDICATIONS YOUR STUDENTS IS TAKING: _____

WILL THE STUDENT TAKE MEDICATIONS DURING THE SCHOOL DAY: Y N

If yes, list medication (s): _____

CIRCLE IF ANY APPLY TO THE STUDENT: 504 Plan IEP Speech Wears Glasses Wears Hearing Aid

Is left-handed Medical Emergency Action Plan Asthma

FORM COMPLETED BY/SIGNATURE: _____ RELATIONSHIP TO STUDENT: _____

PRINT NAME: _____ TODAY'S DATE: _____