

HOBART PUBLIC SCHOOLS
2017-2018 STUDENT ENROLLMENT FORM

Student's Full Legal Name: _____ Student's Cell Phone # _____
This is number used for automated calls

Name Student goes by if different than legal name: _____

DOB: MM ____ / DD ____ / YY ____ / Gender: M or F Grade: ____ Age: ____

Student's SSN: ____ - ____ - ____

Address _____
City State

Place of birth: City State

School Last Attended: *Name of School* City State

Is your child currently receiving special education services or on an IEP YES NO

THE FOLLOWING TWO QUESTIONS MUST BE ANSWERED:

Is the student of Hispanic or Latino origin? Yes No

Race: (MUST choose one, may choose multiple races)

Black-01 American Indian-02 Asian-04 Pacific Islander-05 White/Caucasian-06

Who does the child live with (MUST BE PARENT OR GUARDIAN)

Parent/Guardian Information (Living where the student resides.)

Name _____ Name _____

Relationship _____ Relationship _____

Address _____
City State

Phone # 1 _____ Used for automated calls Phone# 1 _____

Phone# 2 _____ Phone# 2 _____

Employer _____ Employer _____

Do you live more than 1 1/2 miles from the school? YES NO

How does your child usually get home from school? (Circle one) Drive Walk Picked Up Bus

List other children in this household attending Hobart Public School:

Students Name _____ School _____

Emergency Contacts: (In the event that we are unable to locate the parent/guardian, who can we call?)

Name	Relationship	Phone	
_____	_____	_____	Can this person pick up your child from school YES / NO
_____	_____	_____	Can this person pick up your child from school YES / NO