

## HOBART ELEMENTARY SCHOOL ENROLLMENT FORM

Date \_\_\_\_\_ Home Room Teacher \_\_\_\_\_

Student's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grade \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Student lives with \_\_\_\_\_ Relationship to student \_\_\_\_\_  
**\_\_\_\_\_ I am Legal Guardian. If not parent, MUST provide documentation.**

Other children in school \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_

Street address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_

City and Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer & Phone # \_\_\_\_\_

Father's Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer & Phone # \_\_\_\_\_

Mother's Date of Birth \_\_\_\_\_

**Two (2) Emergency names and phone numbers MUST be provided:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

What is your race? (Choose all that apply)

- a. American Indian or Alaskan Native
- b. Asian
- c. Black/African American
- d. Native Hawaiian or Other Pacific Islander
- e. White

Ethnicity? (Circle one)

- a. Hispanic or Latino Race**
- b. Not Hispanic or Latino Race**

\_\_\_\_\_ **If my child is injured or becomes ill at school and I cannot be reached, please take my child to a doctor. I prefer Dr. \_\_\_\_\_ if available.**

\_\_\_\_\_ **I have received a copy of the elementary school handbook.**

\_\_\_\_\_ **I would like to volunteer in my child's classroom.**

Parent/Guardian signature \_\_\_\_\_