			<u>Enrollment For</u>	m for Goe	essel	Elem					
First Name:	Middle:	Middle:			Last Name:						
Preferred Name:	Grade:	Grade:			Birth Place:			DOB:			
Race: Amei	r. Indian or Alaska	Native	Asian Black o	or African Ame	erlcan	Native Hawa	lian/Pac Islan	nder	White	(underline)	
Hispanic/Latino? Yes No	Gender	Gender:			Home Lang.:						
Access Internet?	Cell#				Email:						
PRIMARY HOUSEHOLD (S Mailing:	STUDENT RESID	DES AT)		Street:							
City:	7:					la.		1-1			
Information for adults living	State:	Zip:		City:	4904446±84655		State:	ationio antionio	Zip:		
Name:	ar me above auc	Relation	nship:		E	mployer:					
Work#		Cell#				OL Account:	R	eceiv	e Printed Ma	ailings:	
mail:		Wk Ema	ail:			Home #					
Name:			Relationship:			Employer:					
Nork #			Cell #			OL Account:					
Email:			Wk Email:			ome #		Trootive Fillited Malarigs.			
ALTERNATE HOUSEHOLD	NON CUSTOR		-10.		111	onie m					
Mailing:				Street:		, , , , , , , , , , , , , , , , , , , ,		001000000000000000000000000000000000000			
City:	Zip:	Zip: City:			State: Zip:						
Information for adults living	at the above ado										
Name:		Relationship:			Employer:						
Nork #		Cell #		P	POL Account: Receive Printed				ıilings;		
Email:		Wk Email:			Home #						
Name:		Relationship:			Employer:						
Work#	Cell#			P	POL Account: Receive Printed Mailings:						
Email:		Wk Email:			Home #						
ALTERNATE HOUSEHOLD	(NON CUSTOR	DIAL)									
Mailing:				Street:							
City: Information for adults living a	State:	Zip:		City:	vana in incompleta	- 	State:	Samuel and the second	Zip:		
Name:	at the above ado	Relation	shin:		l Er	nployer:					
Work #		Cell#	b.			DL Account:	a	eceiv	Printed Ma	ilinae:	
Email:		Wk Ema	nil:			ome#	117	CCCIV	a i iiiitea ma	illings.	
Name:			Relationship:			nplover:					
Work#		Cell#				POL Account: Receive Printed Mailings:					
Email:			Wk Email:			Home #					
EMERGENCY CONTACTS	Enter additional					JING IT					
Name:			Relationship:			Email:					
Home #		Work #			Ce	Cell#					
Name:		Relationship:			Er	Email:					
Home #		Work #			Ce	Cell#					
Name:		Relationship:			Er	Email:					
Home #	Work #	Work#			Cell#						
Emergency Medical Informat	tion							MED GOVERNMENT			
			Phone:			Hospital:					
Medical Notes:											
Davcare Information (if appli	cable)							ingerijesti			
Provider:					Ph	ione:					
SIBLINGS (other students living at same add				1	6	T.		dule Teles			
First Name	Middle Name		Last Name		<u>Grade</u>		Birthdate	- [School Name		
								+			
Completed By:			Signature:				Date	e:			