

MENANDS SCHOOL 2011-2012
ENROLLMENT/REGISTRATION FORM

The information on this form is very important. **PLEASE PRINT CLEARLY.**

CHILD INFORMATION

Name _____
(Last) (First) (Middle)
Date of Birth _____ Gender: Male Female
(year month day)

Grade Entering _____ Date of First Polio Immunization _____
(Year Month Day)

Immigrant Yes No **Birthplace** _____
Date entered US (if born in foreign country) _____
Number of years in US schools _____ **Language spoken at home** _____

Home Address _____
(Number) (Street) (City) (State) (Zip)

Mailing Address (if different and/or P.O. Box) _____

School Last Attended _____

Address _____ Date Left _____

FAMILY INFORMATION

Father's Name _____ Occupation _____

Business Address _____ Business Phone _____

Father's Home Address _____ Phone _____

Mother's Name _____ Occupation _____

Business Address _____ Business Phone _____

Mother's Home Address _____ Phone _____

Primary Guardian _____ Relationship if Not a Parent _____

Emergency Phone Number _____ Emergency Contact Person _____

On the provided lines, please give the name and date of birth of other children in the family. If there are school age children, please indicate where they attend school.

For Office Use Only
Enrollment Date _____
Student ID Number _____
Date of Registration _____