

Student Information:

Last Name	First Name	Middle Name	Gender	Birthdate	Grade
Birth City	Birth State	Birth Country	Birth County	Home Telephone	School
Home Address	City	State	Zip Code	Race / Ethnicity	
				Please answer both questions: 1. Is this student Hispanic or Latino? ___yes, Hispanic or Latino ___no, not Hispanic or Latino 2. Is this student (choose all that apply): ___American Indian or Alaska Native ___Asian ___White ___Black or African American ___Native Hawaiian or other Pacific Islander	

Parent / Legal Guardian Information:

Father's Name (First, Middle, and Last)				
Address:				
Mailing Address (if different from above):				
Home Telephone:	Work Telephone:	Cell Phone:	E-mail Address:	
Mother's Name (First, Middle, and Last)				
Address:				
Home Telephone:	Work Telephone:	Cell Phone:	E-mail Address:	
Legal Guardian's Name (First, Middle, and Last)				
Address:				
Home Telephone:	Work Telephone:	Cell Phone:	E-mail Address:	

List other immediate family members in the Ellsworth Community School District. Include those in school and those not in schools up to the age of 21. Do not include relatives.

Name	Age	Birth Date	Grade	School

Emergency Contacts, Additional Primary and Secondary Contacts:

Circle the corresponding letter for each contact: P - primary contact (receive copies of report cards, progress reports, etc.) S – secondary E – emergency				
P/S/E	Name:	Relationship: Father/Mother/child care provider, grandparent,etc	Address:	Telephone:
P/S/E	Name:	Relationship:	Address:	Telephone:
P/S/E	Name:	Relationship:	Address:	Telephone:
P/S/E	Name:	Relationship:	Address:	Telephone:
Doctor	Name:	Relationship:	Address:	Telephone:

Is this student requesting bus transportation? Yes No

Lindgren Early Learning Center - Four Year Old Kindergarten Information

<p>1. Enrolled in special education Early Childhood program: _____ Yes or No</p> <p>2. St. Francis School is a collaborative partner with the Ellsworth School District in offering four year old kindergarten programming. Please check the program your child is registering for: _____Lindgren Early Learning Center _____St. Francis School</p> <p>3. Location of Child Care Provider: Please indicate the address where your child will be picked up / delivered to by district bus transportation. Only one pick up/drop off location is allowed.</p>

Elementary, Middle School & High School Information

<p>1. Is your child in special education? ___yes ___no</p> <p>2. Has this student been expelled from another school? ___yes ___no</p> <p>3. Is this student in the process of being expelled? ___yes ___no If yes, please explain:</p>			
For office use only		Date Entered School	
Add to Ellsworth Census Area. Student is from- District name:		Date Entered District	
Withdraw from Ellsworth Census Area. Student is moving to—District Name:		Date Withdrawn from District	
Documentation used to verify residency:		Date of residency verification	Staff Signature
Address to send school records to:			
Transfer within District	From School:	To School:	Date Data entered in WSLs
	Date of Exit:	Date of Enrollment in this School:	