

Washoe County School District Enrollment Form
STATE LAW REQUIRES ENROLLMENT OF STUDENT BY LEGAL NAME

(PLEASE PRINT FIRMLY)

Entry Date _____

STUDENT

STUDENT'S Last Name		First Name	Middle Name	Sex	Grade
Physical Address	Apt #	City	State	Zip	Home Phone #
Mailing Address		City	State	Zip	Student Lives With
Social Security Number (optional)	Birth Date	Birth City/State	Previous Washoe County School Name/Year		
Emergency Daytime ConnectEd Phone Number:					

PARENT/GUARDIAN

FATHER'S First Name/Last Name	<input type="checkbox"/> Natural <input type="checkbox"/> Guardian <input type="checkbox"/> Foster		Have parental rights been revoked? YES NO If yes you must supply documentation.		
Physical Address	Apt. #	City	State	Zip	Home Phone #
Father's Employer	Dept.	Work Phone #	Alternative Phone # (cell, pager, etc.)		
MOTHER'S First Name/Last Name	<input type="checkbox"/> Natural <input type="checkbox"/> Guardian <input type="checkbox"/> Foster		Have parental rights been revoked? YES NO If yes you must supply documentation.		
Physical Address	Apt. #	City	State	Zip	Home Phone #
Mother's Employer	Dept.	Work Phone #	Alternative Phone # (cell, pager, etc.)		

STEPPARENT

STEPPFATHER'S First Name/Last Name	Physical Address	Apt. #	City	State	Zip	Home Phone #
Stepfather's Employer	Dept.	Work Phone #	May student be released to stepfather? YES NO			
STEPMOTHER'S First Name/Last Name	Physical Address	Apt. #	City	State	Zip	Home Phone #
Stepmother's Employer	Dept.	Work Phone #	May student be released to stepmother? YES NO			

**EMERGENCY
(Other than parent)**

LOCAL Emergency Contact Name	Relationship to student	Home Phone #	Alternative Phone #
LOCAL Emergency Contact Name	Relationship to student	Home Phone #	Alternative Phone #
Sibling Name (if at this school)		Sibling Name (if at this school)	

MEDICAL NOTICE: When I/we cannot be located after reasonable efforts under the circumstances, the principal (or his/her representative) is authorized under NRS. 129. 040 to seek medical care for the above named student, in case of serious illness, accident, or other emergency requiring immediate hospitalization, medical attention, or surgery. I/We also agree to be responsible for all medial costs incurred on the student's behalf.

Natural Parent/Guardian Signature _____ Date _____

FOR OFFICE USE:

ASTU # _____	BUS # _____	ESL _____	PROOF OF RESIDENCE _____
COUNSELOR/TEACHER _____	GT _____	SPED _____	IMMUNIZATION CERTIFICATE _____
			BIRTH CERTIFICATE _____
			HOME LANGUAGE SURVEY _____