

School: _____ Date: _____

Student Name (print): _____ Gender: M F

Legal Last Name Legal First Name Middle Name

Other Name: _____

Last Name First Name Middle Name

SS# _____ - _____ - _____ Birth Certificate: Yes No Witnessed by: _____

Date of Birth _____ Place of Birth _____ Country of Birth _____
Month / Day / Year City / State

School Last Attended: _____ Last Grade: _____

Last School Address: _____

City _____ State _____ Zip _____

Has student ever attended LCPS? Yes No Year(s) Attended: _____

Name of LCPS School(s) Previously Attended: _____

Student Ethnicity (select one): Caucasian African American Hispanic/Latino Asian/Pacific Islander Multi-Racial
 Native American/Alaskan - Tribal Affiliation _____

Language Spoken Most Often at Home: _____ Is child bilingual? Yes No; If yes, list other
languages spoken: _____

Child Receives These Services (Check all that apply): Special Ed. English as Second Language Advanced (Gifted) Education

Elementary ONLY: Preschool Experience: Yes No; If yes, check all that apply: DD Preschool Head Start Childcare
 Private _____ Public

LCPS Bus Student? Yes No Bus Number(s) _____ Nurse Emergency Form Completed: Yes No

Home Address: _____

City / State / Zip: _____

Mailing Address (if different than home address) _____

Home Phone (do NOT list neighbor's phone as home phone): _____ Cell Phone _____

E-Mail Address: _____

Parent/Guardian #1 (Child is living with this parent/guardian): Full Name: _____

Relationship to child: Mother Father Step-Mother Step-Father Grandparent Legal Guardian Other: _____

Parent Place of Employment: _____ Occupation: _____

Business Phone: _____ Farm Labor Employee? Yes No Federal Employee? (includes Military) Yes No

Parent/Guardian #2 (Also a parent/legal guardian): Full Name: _____

Relationship to child: Mother Father Step-Mother Step-Father Grandparent Legal Guardian Other: _____

Parent Place of Employment: _____ Occupation: _____

Business Phone: _____ Farm Labor Employee? Yes No Federal Employee? (includes Military) Yes No

Is contact with #2 parent/guardian allowed? Contact Allowed Mailing Allowed Also has custody Has Education Rights

Child Lives with (check one):

Both Parents Mother Only Father Only Mother & Step-Father Father & Step-Mother Grandparents

Legal Guardian Other _____ List all household family members attending public school: _____

OFFICE USE ONLY

Teacher _____ Grade _____ Room # _____ ID # _____

Enrollment Code: _____ Enrollment Date: _____ AIP: Yes No

Immunizations Verified: Yes No Nurse Initials _____ Date: _____