

# POSEN CONSOLIDATED SCHOOL STUDENT ENROLLMENT FORM

(Print all information)

| STUDENT INFORMATION  |  |   |               |   |  |                        |                    |                                     |                    |   |          |
|--|--|---|---------------|---|--|------------------------|--------------------|-------------------------------------|--------------------|---|----------|
| 1. Last Name   |  |   | 2. First Name |   |  | 3. Middle Name         |                    | 4. Country of Birth                 |                    | 5. Date of Birth  |          |
| 6. Address   |  |   |               |   |  | 7. Apt No.             |                    | 8. Home Telephone Number<br>( )     |                    |   |          |
| 9. City  |  |   |               | 10. State   |  |                        | 11. ZIP Code       |                                     |                    |   |          |
| 12. Student's Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Respond                                    |  |   |               | 13. Student's Home Language(s)  |  |                        |                    |                                     |                    |   |          |
| 14. School Last Attended/Address<br><input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Other |  |   |               | Address   |  |                        | City               |                                     | State              |   | Zip Code |
| 15. Health Insurance or Medicaid Information<br>Provider: _____ Policy Number: _____<br>List any medical conditions of which the school should be aware<br>_____     |  |   |               | For students new to Posen, please indicate whether or not your child has a(n):<br>IEP (Individualized Education Program) <input type="checkbox"/> Y <input type="checkbox"/> or N <input type="checkbox"/> If yes, IEP Review Date: _____<br><br>Section 504 Accommodation Plan <input type="checkbox"/> Y <input type="checkbox"/> or N <input type="checkbox"/> |  |                        |                    |                                     |                    |   |          |
| 16. Student's Siblings   |  | A.  |               | B.  |  | C.                     |                    |                                     |                    |   |          |
| Student's Siblings' Schools  |  |   |               |   |  |                        |                    |                                     |                    |   |          |
| 17. Ethnic Designation<br><input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino  |  |   |               | 17b. Race - choose one or more<br><input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White   |  |                        |                    |                                     |                    |   |          |
| PARENT/GUARDIAN INFORMATION AND OTHER PRIMARY CAREGIVER INFORMATION  |  |   |               |   |  |                        |                    |                                     |                    |   |          |
| 18. Parent or Guardian   |  | Relationship                                  |               | <input type="checkbox"/> Active Military<br><input type="checkbox"/> Reserve Military   |  | 19. Parent or Guardian |                    | Relationship                        |                    | <input type="checkbox"/> Active Military<br><input type="checkbox"/> Reserve Military |          |
| Address  |  |   | Apt. No.      |   |  | Address                |                    |                                     | Apt. No.           |   |          |
| City   |  | State   |               | ZIP Code  |  | City                   |                    | State                               |                    | ZIP Code  |          |
| Email Address  |  | Preferred Language of Communication           |               |   |  | Email Address          |                    | Preferred Language of Communication |                    |   |          |
| Cell Number<br>( )   |  | Work Number<br>( )                            |               |   |  | Cell Number<br>( )     |                    | Work Number<br>( )                  |                    |   |          |
| Employer's Name/Address  |  |   |               |   | Employer's Name/Address                          |                        |                    |                                     |                    |   |          |
| City   |  | State   |               | ZIP Code  |  | City                   |                    | State                               |                    | ZIP Code  |          |
| IN CASE OF EMERGENCY   |  |   |               |   |  |                        |                    |                                     |                    |   |          |
| 20. Emergency Contact Person (other than parent/guardian)  |  |   |               |   | Relationship                                     |                        | Home Number<br>( ) |                                     | Work Number<br>( ) |   |          |
| Address  |  |   |               | City  |  | State                  |                    | Zip Code                            |                    | Cell Number<br>( )  |          |
| RESIDENCY STATUS (Check One <input checked="" type="checkbox"/> )  |  |   |               |   |  |                        |                    |                                     |                    |   |          |
| 21. <input type="checkbox"/> Posen Resident (Student and parent or guardian live in Posen district)  |  |   |               |   |  |                        |                    |                                     |                    |   |          |
| <input type="checkbox"/> Nonresident   |  |   |               |   |  |                        |                    |                                     |                    |   |          |
| HOUSING STATUS (Check One <input checked="" type="checkbox"/> )  |  |   |               |   |  |                        |                    |                                     |                    |   |          |
| 22. <input type="checkbox"/> Permanent   |  | <input type="checkbox"/> Unaccompanied Youth  |               |   | <input type="checkbox"/> Other Temporary Housing |                        |                    |                                     |                    |   |          |
| <input type="checkbox"/> Shelter   |  | <input type="checkbox"/> Shared Housing       |               |   | <input type="checkbox"/> Foster Care             |                        |                    |                                     |                    |   |          |
| <input type="checkbox"/> Hotel/Motel   |  | <input type="checkbox"/> Awaiting Foster Care |               |   |  |                        |                    |                                     |                    |   |          |

I completed this form and I certify that the information above is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law.

\_\_\_\_\_  
\*Signature of Parent/ Guardian with Whom Student Lives or Student who is 18 or older

\_\_\_\_\_  
Date