

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 ()						
9. City					10. State			11. ZIP Code						
12. Student's Gender <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 <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 Provider: _____ Policy Number: _____ List any medical conditions of which the school should be aware _____					For students new to Posen, please indicate whether or not your child has a(n): IEP (Individualized Education Program) <input type="checkbox"/> Y <input type="checkbox"/> or N <input type="checkbox"/> If yes, IEP Review Date: _____ 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 <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino					17b. Race - choose one or more <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <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 <input type="checkbox"/> Reserve Military			19. Parent or Guardian			Relationship		<input type="checkbox"/> Active Military <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 ()			Work Number ()					Cell Number ()			Work Number ()			
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 ()		Work Number ()					
Address					City		State		Zip Code		Cell Number ()			
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