

MILLARD PUBLIC SCHOOLS STUDENT ENROLLMENT FORM



Student's Legal Last Name _____ First Name _____ Middle Name _____ Nickname _____ Birth Date _____ Male _____ Female _____
Gender

Student Birth Country (If not born in the USA, please indicate the date the student entered the USA) _____

School Name (List the name of the school you wish to enroll into) _____ Expected Enrollment Date _____ Grade Level _____

Name of Last School Attended _____ District _____ Address _____ Phone _____ Grade Level _____

Has your student ever attended Millard Public Schools Previously? Yes No What school years? _____

Is your student a Ward of the Court or a Ward of the State? Ward State N/A

Is your student currently expelled from another school? Yes No

Does your student plan to participate in athletics? Yes No

Does your student have siblings enrolled in Millard Public Schools? Yes No If yes, school(s) _____

Does your student currently have an IEP, IFSP, or 504 Accommodation Plan? Yes No

Is your student a foreign exchange student? Yes No

Is your student Hispanic/Latino? Yes No

Is the student from one or more of these races or ethnicity? (Check all that apply)

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander Caucasian or White

What language did your student first learn to speak? _____

What language is spoken most often by your student? _____

What language does your student most frequently use at home? _____

Primary Household Data

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Subdivision _____

Does more than one family live at this residence? Yes No If yes, list name of the other family _____
 If yes, please contact the Office of Student Services (402-715-8300) as Residency Forms may be required.

Primary Household Parent/Guardian Information

Primary parent/guardians with whom the student resides. If the student does *not* live with both natural parents, please attach court decree.

Adult #1 _____ Mother _____ Father _____ Other _____
 Last Name First Name

Cell Phone _____ Work Phone _____ E-Mail _____

Adult #2 _____ Mother _____ Father _____ Other _____
 Last Name First Name

Cell Phone _____ Work Phone _____ E-Mail _____

Family Members: Please list all family members (Birth to 21 living in the same household).

_____	_____	_____	_____	_____	_____
Last Name	First Name	Birth Country	Date of Birth	Gender	School (If Applicable)
_____	_____	_____	_____	_____	_____
Last Name	First Name	Birth Country	Date of Birth	Gender	School (If Applicable)
_____	_____	_____	_____	_____	_____
Last Name	First Name	Birth Country	Date of Birth	Gender	School (If Applicable)
_____	_____	_____	_____	_____	_____
Last Name	First Name	Birth Country	Date of Birth	Gender	School (If Applicable)

Emergency Contact (Other than Parent/Guardian)

_____	_____	_____	_____
Last Name	First Name	Relationship	Contact Number
_____	_____	_____	_____
Last Name	First Name	Relationship	Contact Number
_____	_____	_____	_____
Physician's Name	Contact Number	Dentist's Number	Contact Number

Secondary Household Information

_____	_____	_____	_____	_____
Last Name	First Name	___ Mother ___ Father ___ Other		
_____	_____	_____	_____	_____
Street Address	City	State	Zip Code	
_____	_____	_____	_____	
Cell Phone	Work Phone	E-Mail		
_____	_____	_____	_____	_____
Last Name	First Name	___ Mother ___ Father ___ Other		
_____	_____	_____	_____	_____
Street Address	City	State	Zip Code	
_____	_____	_____	_____	
Cell Phone	Work Phone	E-Mail		

Graduation Requirement Agreement (High School Only)

I understand I must earn 230 credits and successfully meet all District assessment requirements in reading, writing, math, science, and social studies. I received the Graduation Requirements pamphlet that explains the credit and assessments required for graduation.

All information provided on this form is true and accurate. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and school assignment.

Student Name – Please Print

Parent/Guardian Name – Please Print

Student Signature

Date

Parent/Guardian Signature

Date