

Student Enrollment

OFFICE USE ONLY

School: _____ DPS ID: _____

Start Date: _____

Birth Certificate: Immunizations:

STUDENT INFORMATION (PLEASE PRINT)

First Name (Legal) _____

Last Name (Legal) _____

Middle Initial _____ Preferred Name _____

Birth Date _____ Age _____ Grade _____

Primary Parent Phone Number _____

Gender Male Female

Is this student Hispanic/Latino? Yes No

Race (check all that apply)

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

Did your student previously attend Dickinson Public School Yes No

Previous School - City/State _____

Why did the student move to the district? _____

Has this student ever been suspended? Yes No Has this student ever been expelled? Yes No

SPECIAL PROGRAMS

Does this student have a current Individual Education Plan (IEP)?

Yes No

Does this student receive any of the following services?

Yes No

- 504 Plan (Diabetes Management, ADHD, etc.?)
- Title I Services (Math and/or Reading Services)
- Gifted/Talented Program

MEDICAL/EMERGENCY INFORMATION

In the case of an emergency and I cannot be reached, I give any attending physician or my child's doctor permission to administer medical treatment.

Yes No

Physician's Name
(If available, optional)

Phone Number

Health Information (Check all that apply)

- No Known Health Problems Contacts/Glasses Hearing Aids
- Life Threatening Allergies (List) _____ Allergies (list) _____
- Asthma (Inhaler Dependent) Diabetic (Insulin Dependent) Seizures/Epilepsy (Medication Required)
- Student Requires Epi-pen at School Student Requires Rescue Inhaler at School
- Student Requires Medication at School
- Any Medical Condition School Should be Aware of _____

PARENT/GUARDIAN SIGNATURE

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

My relationship to the student is:

Parent Legal Guardian (documentation needed) Person having court order (order needed) Other _____

Printed Name: _____

Signature: _____ Date _____