

**COUNTY-WIDE STUDENT ENROLLMENT FORM**

**Mingo County Schools**

**Today's Date:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

<b>Student's Legal Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>	
<b>Student's Legal Home Address:</b> (If PO Box, we must have physical address, also)				<b>City, State, Zip:</b>	
<b>Student lives with:</b> ___ Both parents ___ Mother ___ Father ___ Grandparents ___ Relative ___ Other					
<b>Is your current address a temporary living arrangement due to loss of housing or economic hardship?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>Is this student in a foster care placement?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Gender</b>	<b>Age</b>	<b>Date of Birth</b> (mm-dd-yyyy)	<b>Social Security #</b>	<b>Birth Certificate Verified</b> (initials)	<b>Place of Birth</b>
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<b>Primary Language:</b> _____ <b>Ethnic Group:</b> ___ Caucasian ___ Hispanic ___ African American ___ Asian ___ Other					
<b>Enrolling Parent/Guardian/Caregiver Information</b>					
<b>Name:</b>			<b>Relationship to Student</b>		
<b>Current Address:</b>			<b>City, State, Zip:</b>		
<b>Home/Cell Phone #:</b>			<b>Work Phone #:</b>		
<b>E-mail Address:</b>			<b>Employer:</b>		
<b>EMERGENCY CONTACT:</b>			<b>Phone #:</b>		

**Transfer Information**

(Please complete the following information for any and all schools that your child has attended in the last 12 months)

<b>Name of Previous School</b>	<b>Address: (include zip code)</b>	<b>Phone #:</b>	<b>Fax #:</b>

**Has student been expelled from a prior school district?**  Yes  No  
**If yes: Have re-entry requirements been met?**  Yes  No **If no, explain:** \_\_\_\_\_

**Special Needs/ Classes**

Does your child have an IEP or 504 Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> IEP	<input type="checkbox"/> 504 Plan
Does your child participate in Title 1 Reading/Math?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is your child participating in a gifted/talented program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does your child have any other special needs? Allergies?	Explain _____			

**Special Custody Information & Legal Court Documents**

The school must have copies of legal custody documents. Please complete this section if your child is affected by court action assigning custody. **Do you have a court order to place on file at school?** Yes  No

**Name of parent/guardian who has physical primary custody:** \_\_\_\_\_

The school must have copies of any legal court documents regarding your child where school is concerned. Are there any court orders regarding your child that the school needs to be made aware of? Yes  No  **If yes, explain:**

**Do you have a court order to place on file at school?** Yes  No

**For School Use Only: Records Needed**

<b>In-County</b>	<b>Out-of-County</b>	<b>Out-of-State</b>
In- County Attendance Request (if applicable)	Birth Certificate	Birth Certificate
Suspension Verification	Shot Record	Shot Record
School Records	Suspension Verification	Suspension Verification
Guardianship Verification / Address	School Records	School Records
	SS# or Card	SS# or Card
	Guardianship Verification / Address	Guardianship Verification / Address