

**LEWIS COUNTY SCHOOLS
PUPIL ENROLLMENT FORM**

STUDENT NAME _____

Last Name

First Name

MI

SCHOOL (mark one) LCHS LCMS GES LCCE LES TES

Birth date : _____ Sex: M F Grade: _____

Social Security # _____ County/State of Birth _____

Primary Guardian: _____

Relation to Student _____ Primary Phone _____

*NOTE: Submit legal guardianship papers to the school if applicable.

Mailing Address: _____

Physical Address of Residence: _____

City/State/Zip: _____

Father's Name: _____

Address (if different from student): _____

Employer: _____ Home/Work Phone _____

Cell phone _____ email address _____

Mother's Name: _____

Mother's Maiden Name: _____

Address (if different from student) _____

Employer: _____

Work Phone: _____ Home Phone: _____

Cell phone _____ email address _____

Ethnicity (must choose one) Hispanic/Latino **OR** Not Hispanic/Latino

Race: Choose all that apply

White Black or African American Asian

Native Hawaiian/Pacific Islander American Indian/Native Alaskan

Who Identified student's race? Parent/Guardian Child Observer

Student lives with: Father Mother Stepfather Stepmother

Grandparent Other

If other, what is the relation to the student?: _____

Does Student Ride School Bus: More than 1 mile Less than 1 mile
Mark all that apply Only morning or afternoon Never Rides

Bus Driver Name: _____ Bus # _____

Pick up point _____ Drop off point _____

Health Information

Allergies: _____

Existing Medical Problems: _____

Do any medication need to be taken at school? _____ If so, please describe: *(All prescription and non-prescription medication must be kept in the office. All medication must be sent to the office in its original container.)*

Family Doctor: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relation of the Emergency Contact: _____

List Below Brothers/Sisters or other students living in same residence under age of 18:

Name	Birthdate	School attending	Grade

Please send the completed form to your child's teacher

Please see the reverse side for the student release permission and emergency care consent.

LEWIS COUNTY SCHOOLS STUDENT RELEASE FORM

To insure student safety, no child will be released into the custody of someone other than the legal guardian unless this form is completed and returned to the Principal/Office.

*NOTE: Submit legal guardianship papers to the school if applicable.

Student's Name: _____

Grade: _____ Homeroom Teacher: _____

LEGAL GUARDIAN(S):

1) Name: _____

Birth Date: _____

Emergency Telephone: _____

2) Name: _____

Birth Date: _____

Emergency Telephone: _____

CONSENT FOR EMERGENCY CARE

I, the undersigned, am the parent/legal guardian of _____.
In case of accident or serious illness, I request the school contact me. If contact cannot be made, the school may make whatever arrangements seem necessary.

Signature: _____

Date: _____

Please list the names of persons, other than yourself, who have permission to pick up your child. For your child's safety, they will only be released to individuals you list. **If we ask for identification, it is only for the protection of your child.**

NAME	Phone Number

If applicable:

Please list below any person whom you wish to be restricted from picking up/contact with your child.

- ***This request must be supported by documentation (i.e. court orders, custody papers) if the person who may not pick up the child is a parent.***

PLEASE Correct by marking thru and writing answer
(if answer is not accurate)

Country of Origin: __United States_____

Language most frequently spoken, home: ____English____

First Language your child could speak: ____English____

Language your child speaks most at home: ____English____

Primary language spoken by your child: ____English____

Thank you for your time in completing this form. Should any information change during the school year, please contact the school.