



Mead Public Schools Student Enrollment Form

Office Use Only Date Received _____ Received By _____

Student Name: _____ Grade: _____
Last First Middle

Date of Birth: _____ Age: _____ Gender: _____

Student Primary Address: _____ PO Box: _____

City: _____ Zip: _____

Student Cell Phone: _____ Student E-mail: _____

Parents/Guardians

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Employer: _____

Employer: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-Mail: _____

E-Mail: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Employer: _____

Employer: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-Mail: _____

E-Mail: _____

Who is/are the primary contact/s for this student? _____

With whom does this student reside? _____ Who has custody? _____

Mead Public Schools recognizes that some students may have a Custodial Parent and a Non-Custodial Parent. Unless the court has determined otherwise, both the custodial and non-custodial parent have access to the student and the student's educational records. On occasion, custody agreements limit the rights of Non-Custodial Parents. In such cases, Mead Public Schools requires a copy of the court order outlining these limitations. In the case that a Non-Custodial Parent is not permitted to have contact with and/or pick up a child from school, please provide the school with court documentation that outlines the limitations placed on the Non-Custodial Parent. If no such documentation is provided to the school, the school is unable to limit the rights of a parent.

Does student reside in the Mead School District? ____ If no, what district is residence: _____
If no, please also fill out an option enrollment form.

Does this student require bussing? Yes No Maybe

Does your child receive special services (IEP)? Yes No

Has this student been expelled from school (either public or private, and in any state)? Yes No
If yes, name of school: _____

Please list any allergies: _____

Please list any required special medical services: _____

Please list any medications that need to be administered at school: _____

Which of the following group/s describes your student's race: Asian American Indian/Alaska Native Black/African American Native Hawaiian /Other Pacific Islander White

Is this student Hispanic or Latino? Yes No

What language did your child first learn to speak? _____

What language is spoken most often by your child? _____

What language is primarily used in the student's home, regardless of the language spoken by the student? _____

Do you have internet access: Yes No. Home internet performance: Excellent Okay Poor.

Do you have enough devices to accommodate e-learning: Yes No.

Emergency Contacts

The following information is for the sole purpose of emergency use. In the event of an illness or injury and a parent cannot be contacted, please list two people (**other than parents**) who have agreed to take responsibility for your child and have consented to the release of their phone numbers.

Contact #1: _____ Phone: _____ Relationship: _____

Contact #2: _____ Phone: _____ Relationship: _____

DISTRICT RESIDENTS ONLY: Please list all children 21 years of age and younger in the household. Please include children attending college or serving in the armed forces.

NAME	DOB	M/F	NAME	DOB	M/F
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If this student resides with someone other than a parent, please provide documentaion that you have been entrusted with, or have assumed, day-to-day care and full-time supervision of, and responsibility for, the child and have been given the authority to act as parent or guardian in educational matters as established by (check all that apply):

- a) a court or testamentary appointment as a legal guardian and/or
- b) a power of attorney delegating such parental powers and/or
- c) through an in-loco-parentis designation by a parent in which I have been authorized to stand in the place of the parent in caring for and raising the child.

A copy of any documentaion checked above must be provided to the school district within 30 days of enrollment.