

SPARTA AREA SCHOOL DISTRICT ENROLLMENT FORM

FOR OFFICE USE ONLY

____ Resident ____ Open Enroll Date received _____ Staff initials _____
School Assigned To: _____ Start date _____
PreK (circle one) AM / PM Maplewood (circle one) 9 mth or All Year

Student Information

Student Legal Name - Last	First	Middle	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade
Primary Street Address-Apt #/Lot#		City	State	Zip
Primary Phone	Date of Birth Age	Location of Birth:	City: _____ State: _____	
		Country: _____	County: _____	

Is this student Hispanic or Latino? (choose one) Yes No

Local Race - choose one

Asian Black, Non-Hispanic Hispanic
 American Indian/Alaskan White, Non-Hispanic
 Native Hawaiian/Other Pacific Islander

Federal Ethnicity - Check all that apply

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

Previous Education Information

Name of Last School Attended	City/State	Phone
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Has this student ever attended Sparta School District? Yes No

Has this student ever been expelled or referred for expulsion in a previous district? Yes No

Please check any of the specialized programming that your child receives:

Special Needs English Language Learner 504 Plan Other _____

Home Language Survey

Is English the language most often spoken at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can oral/written communication from the school be in English? <input type="checkbox"/> Yes <input type="checkbox"/> No If any of these answers are no, list other languages:
Is English the student's first Language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is English the language you speak to the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is English the language the student speaks to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is English the language the student uses with siblings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Military Affiliation

Are you active duty military? Yes No If Yes, what branch? _____

Are you living in military housing? Yes No If Yes, Fort McCoy _____ Other

Are you employed on federal property? Yes No If Yes, where _____

Other children living in same home as student listed above

Name	Birthdate	Gender	Sparta School they attend if any	Grade

Parent/Guardian Verification

By signing below, I verify that all the information provided is accurate and verifiable to the best of my knowledge.

Parent/Legal Guardian Name (Printed): _____

Signature: _____ Date: _____

Household/Parental Information

Primary Household (student's primary residence)

Parent/Legal Guardian Name		Relation to <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Student: <input type="checkbox"/> Step-Parent Other _____		
Primary Street Address-Apt #/Lot#		City	State	Zip
Primary Phone	2nd Phone	Employer Name		Work Phone
Email Address		Mailing Address <i>(if different than above i.e. PO Box)</i>		

Parent/Legal Guardian Name		Relation to <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Student: <input type="checkbox"/> Step-Parent Other _____			
Primary Phone		2nd Phone	Employer Name		Work Phone
Email Address					

Secondary Household (if applicable)

Parent/Legal Guardian Name		Relation to <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Student: <input type="checkbox"/> Step-Parent Other _____		
Primary Street Address-Apt #/Lot#		City	State	Zip
Primary Phone	2nd Phone	Employer Name		Work Phone
Email Address		Mailing Address <i>(if different than above i.e. PO Box)</i>		

Parent/Legal Guardian Name		Relation to <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Student: <input type="checkbox"/> Step-Parent Other _____			
Primary Phone		2nd Phone	Employer Name		Work Phone
Email Address					

Please describe physical placement between primary and secondary households, if applicable (i.e. 50/50, every other weekend, etc.):

Is there court ordered paperwork outlining any parental custody restrictions? Yes ___ No ___

Is there court ordered Termination of Parental Rights (TPR) for either parent? Yes ___ No ___

****IF NO, BOTH PARENTS MUST BE LISTED ABOVE AND ENTERED IN OUR DATABASE, PER STATE REGULATIONS. If yes to either questions, a copy of court paperwork must be on file at school for it to be implemented.**

LOCAL Emergency Contacts

If parent/guardian cannot be reached in the event of an emergency, please list the people we are authorized to contact.

Name		Primary Phone	2nd Phone
Street Address, Apt #/Lot#, CSZ			Relationship to student
Name		Primary Phone	2nd Phone
Street Address, Apt #/Lot#, CSZ			Relationship to student