



**PRYOR PUBLIC
SCHOOLS**

STUDENT ENROLLMENT FORM

FOR OFFICE USE ONLY - SCHOOL INFORMATION		START DATE	
SCHOOL YEAR _____	SCHOOL NAME _____	HOME ROOM _____	GRADE _____
New ENROLLMENT <input type="checkbox"/>	RE- ENTRY <input type="checkbox"/>	LOCKER # _____	

Please PRINT clearly in unshaded areas

STUDENT INFORMATION

LEGAL LAST NAME SUFFIX (JR II etc.) _____	FIRST NAME _____	MIDDLE NAME _____	COMMON NICKNAME _____
DATE OF BIRTH (MM/DD/YEAR) _____	GENDER (M/F) _____	BIRTH STATE (OR COUNTRY IF NOT UNITED STATES) _____	
ETHNICITY (SELECT ONE)		RACE (CHECK ALL THAT APPLY)	
<input type="checkbox"/> No, Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Yes, Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Asian	
IF STUDENT IS AMERICAN INDIAN: TRIBE _____	ENROLLMENT # _____	BLOOD QUANTUM _____	
PRIMARY LANGUAGE SPOKEN : _____		OTHER LANGUAGE SPOKEN AT HOME: _____	
SCHOOL LAST ATTENDED _____	IS STUDENT CURRENTLY UNDER LONG- TERM SUSPENSION OR EXPLU? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAS STUDENT ATTENDED PRYOR PUBLIC SCHOOLS PREVIOUSL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE INDICATE IF STUDENT HAS AN I.E.P. <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE INDICATE IF STUDENT HAS A 504. <input type="checkbox"/> YES <input type="checkbox"/> NO			

FAMILY INFORMATION

COURT ORDER REGARDING CUSTODY? YES NO (Non-custodial parent may have access to student information unless prohibited by court order.)

The school must have a copy of the legal documents if access is prohibited.)

DOES STUDENT HAVE A PARENT ON ACTIVE DUTY IN THE U.S. MILITARY? YES NO

PRIMARY RESIDENCE CONTACT INFORMATION

HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____
GUARDIAN 1 LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____	RELATIONSHIP TO STUDENT _____
PRIMARY PHONE NUMBER () _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	SECONDARY PHONE NUMBER () _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	ADDITIONAL PHONE NUMBER () _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
EMAIL ADDRESS :		Employer:	
GUARDIAN 2 LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____	RELATIONSHIP TO STUDENT _____
PRIMARY PHONE NUMBER () _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	SECONDARY PHONE NUMBER () _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	ADDITIONAL PHONE NUMBER () _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
EMAIL ADDRESS :		Employer:	

SECONDARY RESIDENCE CONTACT INFORMATION

HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____
GUARDIAN 1 LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____	RELATIONSHIP TO STUDENT _____
PRIMARY PHONE NUMBER () _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	SECONDARY PHONE NUMBER () _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	ADDITIONAL PHONE NUMBER () _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
EMAIL ADDRESS :		Employer:	

SECONDARY RESIDENCE CONTACT INFORMATION, continued

PRIMARY PHONE NUMBER () - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	SECONDARY PHONE NUMBER () - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	ADDITIONAL PHONE NUMBER () - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER
EMAIL ADDRESS :		
Employer:		

ADDITIONAL RESIDENCY INFORMATION

Where is the student currently living? (check only one)

<input type="checkbox"/> In a shelter _____ (name shelter)	<input type="checkbox"/> Alone without parental support (independent living student)	<input type="checkbox"/> Temporarily with more than one family in a house, mobile home, or apartment because the family doesn't have a place of their own.
<input type="checkbox"/> In a motel, car, or campsite	<input type="checkbox"/> Temporarily with more than one family (due to loss of job, housing etc.)	<input type="checkbox"/> None of these apply

ALL CHILDREN RESIDING AT RESIDENCE

	LAST NAME	FIRST NAME	BIRTHDATE	SCHOOL
1	_____	_____	____/____/____	_____
2	_____	_____	____/____/____	_____
3	_____	_____	____/____/____	_____
4	_____	_____	____/____/____	_____

EMERGENCY CONTACT INFORMATION (In case of emergency or illness when parent cannot be reached)

#1	LAST NAME	FIRST NAME	TITLE	RELATIONSHIP TO STUDENT			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">PRIMARY PHONE NUMBER () - <input type="checkbox"/>HOME <input type="checkbox"/>WORK <input type="checkbox"/>CELL <input type="checkbox"/>OTHER</td> <td style="width:33%;">SECONDARY PHONE NUMBER () - <input type="checkbox"/>HOME <input type="checkbox"/>WORK <input type="checkbox"/>CELL <input type="checkbox"/>OTHER</td> <td style="width:33%;">ADDITIONAL PHONE NUMBER () - <input type="checkbox"/>HOME <input type="checkbox"/>WORK <input type="checkbox"/>CELL <input type="checkbox"/>OTHER</td> </tr> </table>					PRIMARY PHONE NUMBER () - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	SECONDARY PHONE NUMBER () - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	ADDITIONAL PHONE NUMBER () - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER
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I will notify the school office immediately or within three (3) business days, if at any time this student moves from the primary residence listed above or changes address.

SIGNATURE _____

DATE _____