



Putnam City Schools Enrollment Form

<i>Office Use Only:</i> School _____		ID# _____
Entry Date _____	Entry Code _____	
LEP _____	Special Ed _____	Internet Use Y N
Residency _____	Trans. Code _____	Bus# _____
Transfer _____	Tchr _____	Tchr# _____

Has student ever attended Putnam City Schools? No Yes If so, where? _____

Last School Attended: _____ City _____ State _____

(Legal Last Name)		(Legal First Name)		(Middle Name)		(Grade)	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate: ____/____/____		Social Security #:			
Last name if other than legal:				Nickname (Goes by)			
Is this student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Ethnic Code: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan							
Birth City		Birth State		Birth Country if not US			
U.S. Entry Date:				First date in U.S. Schools:			
Home Address:				City		Zip	
Home Phone:		Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Apartment /Housing Addition:			
Mailing Address if different:							
Daycare:				Phone#:			
Is a language other than English used in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No				What language?			
Has this student ever been in : <input type="checkbox"/> Special Education/IEP <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Gifted Education							
Parent/Guardian Information							
Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Legal Guardian							
Parent/Guardian 1				Relationship:			
Address:		City:		State:		Zip:	
Employer:		Work phone:		Cell/Pager:			
Parent/Guardian 2				Relationship:			
Address:		City:		State:		Zip:	
Employer:		Work Phone:		Cell/Pager:			
Emergency Contacts (Other than parents)							
Name:		Daytime Phone:		Relationship:			
Name:		Daytime Phone:		Relationship:			
Is this child currently under suspension from a previous school?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent Signature						Date	