

# Hillsboro City Schools Enrollment Form

## For Office Use Only:

Date: \_\_\_\_\_ Building: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Other: \_\_\_\_\_  
 Transportation: \_\_\_\_\_ Bus Number 1: \_\_\_\_\_ Bus Number 2: \_\_\_\_\_ Home Room: \_\_\_\_\_

## *Student Information:*

Last Name	First Name	Middle Name	Called Name	Grade

Date of Birth	City of Birth	Gender	Social Security Number
			- -

<p style="text-align: center;"><u>Check One:</u></p> <p>Student lives with:</p> <p><input type="checkbox"/> both natural parents</p> <p><input type="checkbox"/> mother &amp; step-father</p> <p><input type="checkbox"/> father &amp; step-mother</p> <p><input type="checkbox"/> father only</p> <p><input type="checkbox"/> mother only</p> <p><input type="checkbox"/> grandparent(s)</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> foster parents</p> <p style="margin-left: 20px;">◦ Is the child court placed? _____</p> <p style="margin-left: 20px;">◦ From what school district _____</p> <p><input type="checkbox"/> other: _____</p>	<p style="text-align: center;"><u>Check One:</u></p> <p>Race/Ethnicity</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p>Previous School: _____</p> <p style="text-align: center;">(Include Pre-school Experience)</p> <p>Has this child ever been enrolled in the Hillsboro City Schools? _____</p> <p>(or had an assessment/evaluation)</p> <p>When? _____</p>	<p>Does this child receive any special services? _____</p> <p style="text-align: center;"><u>Current Special Services:</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> IEP</p> <p><input type="checkbox"/> 504</p> <p><input type="checkbox"/> Speech Therapy</p> <p><input type="checkbox"/> Gifted</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>If no, has this child ever received any special services? _____</p> <p>When _____</p> <p>Where _____</p>
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If natural parents are separated or divorced, who has **legal** custody thru the courts? \_\_\_\_\_

District of residence of custodial parent? \_\_\_\_\_

	Natural/Foster Father	Natural/Foster Mother	Step-Father	Step-Mother	Guardian
Name					
Address					
City, State, Zip					
Home Phone					
Cell Phone					
Occupation					
Place of Employment					
Work Phone					
Work Hours					

List all siblings with ages and grade levels: \_\_\_\_\_

Father's e-mail address: \_\_\_\_\_ Mother's e-mail address: \_\_\_\_\_

*I hereby affirm that I have legal rights to enroll this student and student is eligible for enrollment in Hillsboro City Schools free of existing suspension or expulsion at a previous school!*

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency Medical Information

## *Additional Student Information:*

### \* Medical Alerts \*

List any medical allergies or conditions, including current medications being taken:	Glasses: Y N	
	Contacts: Y N	

### \* Custody/Pick-up/Visitation Alerts \*

List any custody, pick-up concerns:

### \*Additional Emergency Contact/Pick Up Information\*\**(Other than those listed on the front)*\*

	Additional Emergency Contact	Additional Emergency Contact	Additional Emergency Contact
Full Name			
Relationship to Student			
Home Phone			
Cell Phone			
Work Phone			
Home Address			

Medical Doctor or Medical Specialist: _____	Phone: _____
Local Hospital: _____	Phone: _____
Dentist: _____	Phone: _____

### **Emergency Medical Treatment: (Only complete Part I or Part II, NOT Both) Part I/To Grant Consent**

*In the event reasonable attempts to contact me have been unsuccessful, I hereby **GIVE CONSENT** for the administration of any treatment deemed necessary by the listed providers and the local hospital. In the event the named medical personnel are not available, I authorize that it is allowable to seek other available and reasonable treatment.*

*This authorization does NOT cover major surgery unless the medical opinion of two other licensed physicians or dentist, concurring in the necessity for such surgery are obtained prior to the performance of surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which the physician should be alerted are listed above in the medical alert area.*

Legal Guardian Signature

Date

**(Do not complete Part II if you have signed Part I)**

### Part II / Refusal To Grant Consent:

*I DO NOT give consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish for the school administration to take the following actions:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Guardian Signature

Date