

**Easton USD449
Easton, Kansas 66020
Enrollment Form**

Please **PRINT** the following information.

GRADE _____

LEGAL Student Name _____
Last First (Preferred) Middle

Student Mailing Address: _____
Street P.O. Box City State Zip Code

Home phone Birthdate Social Security #

Gender: M=Male F=Female Race: 1=White 2=Black 3=American Indian
4=Asian 5=Hispanic 6=Multi-Ethnic

Parents/guardians to be contacted first in case of an emergency:

1st Contact: _____
Name Phone Pager/Cell Phone Relationship to student

2nd Contact: _____
Name Phone Pager/Cell Phone Relationship to student

In case the above parents/guardians cannot be reached please contact:

Name Phone Pager/Cell Phone Relationship to student

Name Phone Pager/Cell Phone Relationship to student

Student living with: _____ both parents _____ father _____ mother
_____ father plus step mother _____ mother plus step father _____ legal guardian

e-mail address _____ Active Military: _____ Yes _____ No

Father's/Guardian's Name

Employed by: _____
Company Name Home Phone Pager/Cell Phone
Phone (Ext #) 1st, 2nd, or 3rd Shift

Mother's/Guardian's Name

Employed by: _____
Company Name Home Phone Pager/Cell Phone
Phone (Ext#) 1st, 2nd, or 3rd Shift

(Over)

Name and grade of siblings _____
Name Grade Name Grade

Name Grade Name Grade

School Last Attended (other than USD 449) _____ Phone _____

School Address _____
Street P.O. Box City State Zip Code

Has this student ever been suspended? _____ Yes _____ No
Has this student ever been expelled? _____ Yes _____ No
Reason for suspension/expulsion and name of school _____

Is this student a ward of the court? _____ Yes _____ No
If yes, court papers must be provided to the school.
Does this student have custodial restrictions? _____ Yes _____ No
If yes, papers must be provided to the school.

Please check any program your child was tested and qualified for in a school system:
_____ Speech _____ Learning Disabilities (LD) _____ Gifted _____ Occupational Therapy (OT)
_____ Physical Therapy (PT) _____ Other Name of Program: _____

In case of serious accident or illness at school, your child will be sent to an emergency medical facility. The parent/guardian is responsible for all expenses.

Doctor's Name _____ Phone Number _____

Hospital _____

Medical Conditions (asthma, allergies, diabetes, migraine, hearing or vision difficulties, etc)

Medicine will be dispersed according to handbook guidelines.

My child gets home after school by means of: _____ Walking _____ Bus _____ Daycare _____ Drives

Picked up by _____ Phone Number _____

Additional person authorized to pick up my child:
Name Phone Relationship to student

Parent/Guardian
Signature _____ **Date** _____

