

ENROLLMENT FORM FOR MFL MARMAC COMMUNITY SCHOOL

Dear Parent or Guardian:

The following information is necessary for filling out your child's cumulative record folder. This folder, a continuous record of your child's school progress, is kept up-to-date and follows your child as he/she goes through this school or moves to another school.

1. Name _____
Last First Middle Nickname
2. Address _____
Street Address P.O. Box Number County

City, State, Zip Code Phone
3. Open Enrolled? No ___ Yes ___ If yes, name of resident district? _____
4. Email address _____
5. Birth Date _____ 6. Age ___ 7. Birthplace _____
8. Grade _____ 9. Gender ___ 10. Social Security Number _____
11. Race/Ethnicity: ___ White, Not of Hispanic Origin; ___ Black, not of Hispanic Origin;
___ Asian or Pacific Islander; ___ Hispanic; ___ American Indian or Alaskan Native
12. Primary language _____
13. Check the following if it pertains:
Parents Separated () Father Remarried () Father Deceased ()
Parents Divorced () Mother Remarried () Mother Deceased ()
14. Father _____
Name Address (if different than above) Phone
Place of Employment _____ Work Phone _____
15. Mother _____
Name Address (if different than above) Phone
Place of Employment _____ Work Phone _____
16. Step-parent or Guardian _____
Name Address (if different than above) Phone
Place of Employment _____ Work Phone _____
17. Brothers: Number Older ___ Number Younger ___ / Sisters: Number Older ___ Number Younger ___
18. In an emergency, if you cannot be reached, whom should we contact?
Name _____ Relationship _____ Phone _____
19. Family Doctor _____ Phone _____
20. Most Recent School Attended _____
Name Address
Date Last Attended _____ Grade _____ Teacher _____
21. Parent Signature _____ Date _____