

# North Boone CUSD 200 School Information/Enrollment Form

**PLEASE PRINT ALL INFORMATION**

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

School: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender (M/F): \_\_\_\_\_ Child has an IEP: \_\_\_ Yes \_\_\_ No Ethnic Code: \_\_\_\_\_

1: American Indian or Alaskan Native 2. Asian/Pacific Islander 3. Black or African American 4. Hispanic 5. White 6. Multi-Racial

Birth Place (City/State/Country): \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Language spoken at home: English \_\_\_ Spanish \_\_\_ Other (Specify): \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

**List Brothers and Sisters with same last name and custodial information (if different last name/parent/guardians/etc., please complete a separate form for each situation):**

Child 2: First Name: \_\_\_\_\_ M/F: \_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Child has IEP: \_\_\_ Yes \_\_\_ No Birth Place : \_\_\_\_\_ Student Cell: \_\_\_\_\_

Child 3: First Name: \_\_\_\_\_ M/F: \_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Child has IEP: \_\_\_ Yes \_\_\_ No Birth Place : \_\_\_\_\_ Student Cell: \_\_\_\_\_

Child 4: First Name: \_\_\_\_\_ M/F: \_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Child has IEP: \_\_\_ Yes \_\_\_ No Birth Place : \_\_\_\_\_ Student Cell: \_\_\_\_\_

**Physical & Mailing Address: (Check your preferred phone number )**

Street: \_\_\_\_\_ P.O. Box (if applicable): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Resides with: (Circle all that apply) Mother Father Step-mother Step-Father Guardian Other: \_\_\_\_\_

Residency Status: (Please specify) Home-owner Renter Shared Other: \_\_\_\_\_

**Father or Male Guardian Name:** \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Father's Day Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_  Father's Email: \_\_\_\_\_

**Mother or Female Guardian Name:** \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Mother's Day Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_  Mother's Email: \_\_\_\_\_

**Non-Custodial Parent Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Non-Custodial Phone: \_\_\_\_\_ Custody Papers on file \_\_\_ Yes \_\_\_ No

**TURN OVER FOR SIDE 2**

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**Please list emergency contacts other than parent/guardian:**

**Phone numbers MUST be different than those listed above.**

Contact #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Contact #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Contact #3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If you do not speak English fluently, please list someone who does who could assist in an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**I certify that this information is true and correct. Upon verification by the school district, if this information relating to residency is found to be not true, I understand that the student will be removed from the district student roll and charged tuition for the period of non-resident enrollment. I agree that I will be responsible for tuition charged to the student as a result of non-resident enrollment.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date