

North Boone CUSD 200 School Information/Enrollment Form

PLEASE PRINT ALL INFORMATION

Date: _____

Home Address:

_____ City: _____ Zip _____

Mailing Address:

_____ P.O. Box #: _____ City: _____ Zip _____

Primary Phone Number: _____

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

List all NBCUSD students below

Student 1 - Last Name: _____ First: _____ Middle: _____

School: _____ Grade: _____ Birth Date: _____ Student's Cell: _____

Gender (M/F): _____ Child has IEP: _____ Yes _____ No Child has 504: _____ 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: _____

Student 2 - Last Name: _____ First: _____ Middle: _____

School: _____ Grade: _____ Birth Date: _____ Student's Cell: _____

Gender (M/F): _____ Child has IEP: _____ Yes _____ No Child has 504: _____ 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: _____

Student 3 - Last Name: _____ First: _____ Middle: _____

School: _____ Grade: _____ Birth Date: _____ Student's Cell: _____

Gender (M/F): _____ Child has IEP: _____ Yes _____ No Child has 504: _____ 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: _____

Student 4 - Last Name: _____ First: _____ Middle: _____

School: _____ Grade: _____ Birth Date: _____ Student's Cell: _____

Gender (M/F): _____ Child has IEP: _____ Yes _____ No Child has 504: _____ 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: _____

Office use only: Surname _____ Grade: PK K 1 2 3 4 5 6 7 8 9 10 11 12
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School(s): NBHS NBMS NBUE CAP MAN PGE

TURN OVER FOR SIDE 2

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

Father or Male Guardian Name: _____

Father's Employer: _____ Father's Day/Work Phone: _____

Father's Cell Phone: _____ Cell Receives Text Messages: ____ Yes ____ No

Father's Email: _____ Check here to use this as primary email

Mother or Female Guardian Name: _____

Mother's Employer: _____ Mother's Day/Work Phone: _____

Mother's Cell Phone: _____ Cell Receives Text Messages: ____ Yes ____ No

Mother's Email: _____ Check here to use this as primary email

Non-Custodial Parent Name: (parent not living with student) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Non-Custodial Phone: _____ Non-Custodial email: _____

Custody Papers on file: ____ Yes ____ No

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: _____

Language spoken at home: English ____ Spanish ____ Other (Specify): _____

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 Signature

Date