

STUDENT ID# _____
STUDENT SIS# _____
(OFFICE USE ONLY)

GRIGGSVILLE- PERRY CUSD #4 ENROLLMENT FORM

PLEASE COMPLETE THIS FORM AND RETURN TO THE SCHOOL OFFICE.
PLEASE PRINT

STUDENT NAME: _____
(LAST) (FIRST) (MIDDLE)

GRADE IN SCHOOL: _____ SOCIAL SECURITY # _____

SEX: M _____ F _____ DATE OF BIRTH: _____ PLACE OF BIRTH _____

ETHNICITY _____ LANGUAGE SPOKEN IN THE HOME _____

STUDENT CELL PHONE: _____ County of Residence: _____

MOTHER _____ Member of Military _____

MAILING ADDRESS _____ STREET ADDRESS _____

CITY, STATE, ZIP _____ HOME/CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

FATHER _____ Member of Military _____

MAILING ADDRESS _____ STREET ADDRESS _____

CITY, STATE, ZIP _____ HOME/CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

PERSON(S) WITH WHOM STUDENT RESIDES (IF DIFFERENT THAN ABOVE):

NAME _____ RELATIONSHIP _____

MAILING ADDRESS _____ STREET ADDRESS _____

CITY, STATE, ZIP _____ HOME/CELL PHONE _____

EMERGENCY CONTACT PERSONS (PLEASE LIST TWO):

1) _____ PHONE(S) _____

2) _____ PHONE(S) _____

PHYSICIAN _____ PHONE _____

TRANSPORTATION: RIDES A BUS? _____ IF YES, REGULAR BUS ROUTE? _____

NAME OF BUS DRIVER _____ SHUTTLE BUS ONLY? _____

TO BE INCLUDED IN EMAIL NOTIFICATIONS FROM THE SCHOOL DISTRICT, PLEASE PROVIDE
EMAIL ADDRESS(S): _____

OFFICE USE ONLY

DATE ENTERED _____

DATE WITHDRAWN _____