



Lakeland Elementary School (Grades K-4) Student Enrollment Form: 2017-18

Last Name _____ First Name _____ Middle Name _____ Male _____ Female _____
Nickname _____ Mother's Maiden Name _____ Grade (17-18) _____ SS# _____
DOB _____ Birth State _____ County _____ City _____ Nation/Country _____

Federal Ethnic Category: Hispanic or Latino (select one): Yes No

Federal Race Category: Select one or more races indicating what you consider your child to be. <i>Even if "Hispanic or Latino" has been chosen for ethnicity, the child must be recorded as being one or more of the following races.</i>								
(1) Asian	(2) Black/African-American	(3) Indian	(4) Pacific Islander or Native Hawaiian	(5) White				
"Resides With" Codes:								
Both	Father & Stepmother	Mother & Stepfather	Father (single parent)	Mother (single parent)	Guardian	Grandparent(s)	State Custody	Other

Is a language other than English spoken in the home? Yes No Language _____ Country of Origin _____

****It is very important that parent contact information be up to date in case of emergency.**

Student's Physical Address (Address of Parent/Legal Guardian)

Street # _____ Street Name _____ City/State/Zip _____ Home Phone _____ Email _____

#1 Parent/Legal Guardian Student lives with

First Name _____ Last Name _____ Work # _____ Cell # _____
Email _____ Employed By _____ Federal Employee? Yes No

#2 Parent/Legal Guardian Student lives with

First Name _____ Last Name _____ Work # _____ Cell # _____
Email _____ Employed By _____ Federal Employee? Yes No

CUSTODY INFORMATION

Parenting Plan? Yes** No Custody Alert? Yes** No **** If "YES" to either, please attach copy.**

OTHER PERSONS TO CALL IN CASE OF EMERGENCY OR ILLNESS Only parents/guardians listed above and individuals listed below may check out the child. Emergency contacts must be 18 or older and will be required to provide ID when picking the child up.

Contact #1: Name _____ Relationship to the Child _____ Phone # _____ Cell # _____
Contact #2: Name _____ Relationship to the Child _____ Phone # _____ Cell # _____
Contact #3: Name _____ Relationship to the Child _____ Phone # _____ Cell # _____

List siblings attending Lakeland Elementary School:

Name _____ Grade _____ Gender _____ Name _____ Grade _____ Gender _____
Name _____ Grade _____ Gender _____ Name _____ Grade _____ Gender _____

MEDICAL ALERT: Does this student have any medical conditions? Yes No	Please complete the "Confidential Health Information Form"
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Last School Attended _____ City _____ State _____ Date Withdrawn _____

Has this student ever been enrolled in a Special Education/Resource/504/Gifted Program? Yes No If yes, what type of program? _____
Where? _____ When? _____

Has this student ever been enrolled in a Tennessee School? Yes No Has this student ever been enrolled in a school within Shelby County? Yes No
If yes, please list the TN School Name/Shelby County School Name, City, Year _____

Is this student currently under suspension/expulsion at another school? Yes No If yes, what school _____

Parent/ Guardian Signature _____ Date _____