

USD 377 ATCHISON COUNTY COMMUNITY SCHOOLS ENROLLMENT FORM  
(New Student Form)

**OFFICE USE ONLY**

Junior/Senior High School  Elementary School  IEP  504  
ID Number: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Locker Number: \_\_\_\_\_  
Fees Paid:  School Fees  Book Fees  Agenda  Yearbook  Other: \_\_\_\_\_

**STUDENT INFORMATION**

Full Legal Name: \_\_\_\_\_  
First Middle Last Generation  
Preferred Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
MM/DD/YYYY  
Gender:  Male  Female Grade: \_\_\_\_\_  
 Student has medical concerns (Please see Health History and Medical Information Form)

**Ethnicity**

Are you Hispanic/Latino or of Spanish origin?  Yes  No  
(Select one or more races from the following racial groups:)  American Indian or Alaskan Native  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander  White  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School District of Residence: \_\_\_\_\_  
Previous school, city, and state: \_\_\_\_\_  
Is a language other than English spoken in the home:  Yes  No Specify language(s): \_\_\_\_\_

**STUDENT LIVES WITH** (Please check all that apply)

Both Parents  Mother  Father  Step-Mother  Step-Father  Grandmother  Grandfather  
 Foster Parent(s)  Guardian  Other (Specify): \_\_\_\_\_

**CUSTODIAL PARENT or GUARDIAN (1)**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Send announcements to above listed e-mail address:  Yes  No

**CUSTODIAL PARENT or GUARDIAN (2)**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer : \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Send announcements to above listed e-mail address:  Yes  No

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**NON-CUSTODIAL PARENT**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Send announcements to above listed e-mail address:  Yes  No  
Should Non-Custodial Parent receive grades  Yes  No Is the child to have contact with them:  Yes  No

**CUSTODY INFORMATION** (If parents are divorced or separated, please provide the following – **Copy of Court Documentation is Required.**)

Joint Custody  Sole Custody Mother  Sole Custody Father  Sole Custody Guardian  
 Other (Specify): \_\_\_\_\_  
Special Conditions (Please explain and attach copies of documentation) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIBLING(S)**

Name:	Gender	Birth Date	Grade
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____

**EMERGENCY INFORMATION**

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Emergency Contacts** (If Custodial Parent or Guardian can not be reached)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Dear Parent/Guardian: We are pleased that your child will be attending Atchison County Community Schools. It is our goal to provide your child the best possible education. This goal can best be obtained when the home and school work closely together. Keeping this in mind, we welcome your involvement in your child's school program.

Sincerely,  
Stephen E. Wiseman

Date: \_\_\_\_\_  
\_\_\_\_\_  
**Signature of Parent/Guardian**