

# Danville Local School District

## STUDENT ENROLLMENT APPLICATION

Revised 12/12/14

**Please fill out the application and bring the following documents with you:** • Proof of Residence (Acceptable Proof of Residence must consist of one or more of the following: a deed, lease, rental agreement, utility bill, tax statement, residency affidavit or voter registration card; to a physical address where you regularly sleep and receive mail) • Birth Certificate • Social Security Card • Immunization Record • Applicable Custody Documents

**Forms to fill out at school:** • Emergency Medical Form • Free/Reduced Lunch Form

### STUDENT INFORMATION

<b>Start Date:</b> _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name:	First Name:	Middle Name:	Grade:
Nickname (Goes by):	Date of Birth:	Phone: (    )	Unlisted: Yes or No
Address:	Apartment/Unit#:	P. O. Box:	
City:	State:	Zip Code:	
Language Spoken at Home:	Homeless: Yes or No	If Yes, please choose: Sheltered Unsheltered Doubled-Up or Hotel/Motel	
Migrant Worker: Yes or No	Immigrant Status (Born outside of the states): Yes or No	If Yes, has student attended school in the states in the past 3 academic school years? Yes or No	
Verification of Address:	City of Birth:	Verification Document: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Baptismal Cert.	

**Race & Ethnicity** Note: The Federal Government requires us to collect the following information:

**Part A: Student's Ethnicity:** Is this student (or are you) Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino  
 Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.)

*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be.*

**Part B: Student's Race:** What is the student's (or your) race? (Choose one or more):

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America [including Central America], And who maintains tribal affiliation or community attachment.)  
 Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)  
 Black or African American (A person having origins in any of the black racial groups of Africa.)  
 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)  
 White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Previous School:	Address:	Phone: (    )
City:	State:	Zip Code:
Has the student attended Danville Schools before: Yes or No		If Yes, when: _____

**Special Needs:**     IEP/Special Education (attach current plan)     Title 1 Math or Reading     Speech Therapy  
 Intervention     English as a second language     Gifted

### TRANSPORTATION – MY CHILD WILL BE

Walking to School     Riding the Bus (must live outside the walk limit)     Riding with a parent/sibling

### SIBLINGS

Birth Date	Name		
		<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
		<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
		<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
		<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
		<input type="checkbox"/> Brother	<input type="checkbox"/> Sister

**FAMILY / CUSTODY INFORMATION**

**Parent/Guardian Information:**

\_\_\_\_\_ **Single** \_\_\_\_\_ **Married** \_\_\_\_\_ **Widowed** \_\_\_\_\_ **Divorced** \_\_\_\_\_ **Joint Custody**

**Student Lives With: (Check One)**  Both Parents  Mother Only  Father Only  Foster Parent  Legal Guardian  
 Mother/Stepfather  Father/Stepmother  Grandparents  Court Appointed  Foster Home  Other \_\_\_\_\_  
**Legal Custody of Student is With: (Check One)**  Both Parents  Mother  Father  Legal Guardian: Name \_\_\_\_\_

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

**If student lives with a step parent, does the step parent have permission from the natural parent to act on your behalf in matters regarding the above student?**  
 **YES**  **NO**

Parent/Guardian:			<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Same as Student's Address		
Address:		Apartment/Unit#:		P. O. Box:	
City:	State:	Zip Code:	E-Mail:		
Home Phone: <input type="checkbox"/> ( )		<input type="checkbox"/> Cell Phone: ( )		<input type="checkbox"/> Work Phone: ( )	

Parent/Guardian:			<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Same as Student's Address		
Address:		Apartment/Unit#:		P. O. Box:	
City:	State:	Zip Code:	E-Mail:		
Home Phone: <input type="checkbox"/> ( )		<input type="checkbox"/> Cell Phone: ( )		<input type="checkbox"/> Work Phone: ( )	

**Please let us know which phone we should call first!!**

Parent/Guardian:			<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Same as Student's Address		
Address:		Apartment/Unit#:		P. O. Box:	
City:	State:	Zip Code:	E-Mail:		
Home Phone: <input type="checkbox"/> ( )		<input type="checkbox"/> Cell Phone: ( )		<input type="checkbox"/> Work Phone: ( )	

**EMERGENCY CONTACT** – in addition to parents

Contact:	Phone: ( )	Relationship:
Contact:	Phone: ( )	Relationship:

Is there any other information you would like us to know to help us serve your student/s? If so, please use the space below.

\_\_\_\_\_

\_\_\_\_\_

**PARENT SIGNATURE:** - I certify that my answers are true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_