

JEANNETTE CITY SCHOOL DISTRICT
OFFICE OF STUDENT SERVICES
STUDENT ENROLLMENT APPLICATION
PLEASE PRINT ALL INFORMATION

Student ID # _____

Resident _____
 Non-Resident _____

_____ *Child's Legal Name (Last First Middle)* _____ *Birth Date* _____ *Male* or _____ *Female*

_____ *Address (House Number Street City Zip Code)* _____ *Grade* _____ *Primary Contact Phone No.*

_____ *City of Birth* _____ *State of Birth* _____ *Country of Birth*

Please check one : New Enrollment Re-Enrollment Kindergarten

Ethnicity: American Indian/Alaskan Native White Black/African American
 Hispanic Asian Multi-Racial
 Native Hawaiian/Pacific Islander

_____ *First Enrolled in US Schools (Year)* _____ *Previous School's Name*

_____ *Phone Number (Include Area Code)* _____ *Fax Number (Include Area Code)*

STUDENT LIVES WITH: (circle one) BOTH PARENTS FATHER MOTHER OTHER

Parent(s)/Guardian that the student lives with:

FATHER'S NAME:	MOTHER'S NAME:
Address:	Address:
Occupation:	Occupation:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Email:	Email:
MAY WE CONTACT YOU AT WORK:	Only if emergency exists Any time necessary Under no circumstances
GUARDIAN'S NAME:	
RELATIONSHIP TO STUDENT:	
Address:	
Home Phone:	
Work Phone:	
Cell Phone:	