

Enrollment Form for Hodgeman County Elementary

First Name:	Middle:	Last Name:	Gender:
Preferred Name:	Grade:	Birth Place:	DOB:
Hispanic/Latino? Yes No (circle one)	Race:	Home Lang.:	
Access Internet?	SSN:	Email:	

PRIMARY HOUSEHOLD (STUDENT RESIDES AT)

Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:
Phone:					

Information for adults living at the above address.

Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:
Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:

ALTERNATE HOUSEHOLD (NON CUSTODIAL)

Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:
Phone:					

Information for adults living at the above address.

Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:
Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:

ALTERNATE HOUSEHOLD (NON CUSTODIAL)

Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:
Phone:					

Information for adults living at the above address.

Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:
Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:

EMERGENCY CONTACTS: Enter additional contacts not listed above.

Name:	Relationship:	Email:
Home #	Work #	Cell #
Name:	Relationship:	Email:
Home #	Work #	Cell #
Name:	Relationship:	Email:
Home #	Work #	Cell #

Emergency Medical Information

Physician:	Phone:	Hospital:
Medical Notes:		

Daycare Information (if applicable)

Provider:	Phone:
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SIBLINGS (other students living at same address)

First Name	Middle Name	Last Name	Grade	Birthdate	School Name

Completed By: _____ Signature: _____ Date: _____