



Greensburg Salem School District

ENROLLMENT FORM

Please Print

Student's name: _____ Date: _____

Please check one: New entry Re-entry Kindergarten

If new entry or re-entry, grade entering _____

Birthdate: ____/____/____ Place of birth: _____

Sex: Male Female

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

Home Language (if not English): _____
(All families must complete the Home Language Survey)

Parent/Guardian with whom student lives:

Table with 2 columns: Father's name, Mother's name, Address, Work place, Work phone, Cell phone, Home phone, email.

Guardian's name: _____ Relationship to student: _____
Address: _____
Work place: _____
Work phone: _____
Cell phone: _____
Home phone: _____
Email: _____

TRANSPORTATION

Bus stop, if known: _____

If not known, please provide detailed location: _____

KINDERGARTEN STUDENT

Attended preschool? Yes No

Preschool name: _____

Address: _____

Dates attended: _____

TRANSFER STUDENT

School name last attended: _____ School district: _____

Address: _____ State: _____ Zip Code: _____

Phone #: _____ Fax: _____ Records Requested: Yes No

DISTRICT USE ONLY

IEP/special needs: _____

Resident: _____ Non-resident: _____ Homeless: _____ ELL: _____

Home district of non-resident: _____

TRANSPORTATION

Bus number: _____ Stop number: _____ Discipline affidavit: _____

Stop name and stop time: _____

Immunization records: _____

Grade assigned: _____

NOTES

