

**Enrollment Form for Moscow Elementary**

<b>First Name:</b>	<b>Middle:</b>	<b>Last Name:</b>	
<b>Preferred Name:</b>	<b>Grade:</b>	<b>Birth Place:</b>	<b>DOB:</b>
<b>Race:</b>	Amer. Indian or Alaska Native      Asian      Black or African American      Native Hawaiian/Pac Islander      White      ( <i>underline</i> )		
<b>Hispanic/Latino?</b> Yes No ( <i>underline one</i> )	<b>Gender:</b>	<b>Home Lang.:</b>	
<b>Access Internet?</b>	<b>Cell #</b>	<b>Email:</b>	

**PRIMARY HOUSEHOLD (STUDENT RESIDES AT)**

**Mailing:** \_\_\_\_\_ **Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

*Information for adults living at the above address.*

<b>Name:</b>	<b>Relationship:</b>	<b>Employer:</b>	
<b>Work #</b>	<b>Cell #</b>	<b>POL Account:</b>	<b>Receive Printed Mailings:</b>
<b>Email:</b>	<b>Wk Email:</b>	<b>Home #</b>	
<b>Name:</b>	<b>Relationship:</b>	<b>Employer:</b>	
<b>Work #</b>	<b>Cell #</b>	<b>POL Account:</b>	<b>Receive Printed Mailings:</b>
<b>Email:</b>	<b>Wk Email:</b>	<b>Home #</b>	

**ALTERNATE HOUSEHOLD (NON CUSTODIAL)**

**Mailing:** \_\_\_\_\_ **Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

*Information for adults living at the above address.*

<b>Name:</b>	<b>Relationship:</b>	<b>Employer:</b>	
<b>Work #</b>	<b>Cell #</b>	<b>POL Account:</b>	<b>Receive Printed Mailings:</b>
<b>Email:</b>	<b>Wk Email:</b>	<b>Home #</b>	
<b>Name:</b>	<b>Relationship:</b>	<b>Employer:</b>	
<b>Work #</b>	<b>Cell #</b>	<b>POL Account:</b>	<b>Receive Printed Mailings:</b>
<b>Email:</b>	<b>Wk Email:</b>	<b>Home #</b>	

**ALTERNATE HOUSEHOLD (NON CUSTODIAL)**

**Mailing:** \_\_\_\_\_ **Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

*Information for adults living at the above address.*

<b>Name:</b>	<b>Relationship:</b>	<b>Employer:</b>	
<b>Work #</b>	<b>Cell #</b>	<b>POL Account:</b>	<b>Receive Printed Mailings:</b>
<b>Email:</b>	<b>Wk Email:</b>	<b>Home #</b>	
<b>Name:</b>	<b>Relationship:</b>	<b>Employer:</b>	
<b>Work #</b>	<b>Cell #</b>	<b>POL Account:</b>	<b>Receive Printed Mailings:</b>
<b>Email:</b>	<b>Wk Email:</b>	<b>Home #</b>	

**EMERGENCY CONTACTS: Enter additional contacts not listed above.**

<b>Name:</b>	<b>Relationship:</b>	<b>Email:</b>
<b>Home #</b>	<b>Work #</b>	<b>Cell #</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Email:</b>
<b>Home #</b>	<b>Work #</b>	<b>Cell #</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Email:</b>
<b>Home #</b>	<b>Work #</b>	<b>Cell #</b>

**Emergency Medical Information**

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Hospital:** \_\_\_\_\_

**Medical Notes:**

**Daycare Information (if applicable)**

**Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**SIBLINGS (other students living at same address)**

First Name	Middle Name	Last Name	Grade	Birthdate	School Name

**Completed By:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_