

Enrollment Form for Moscow Jr. High/HS

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|------------------------------------------------------------------------|--------------------|-------------------------------|----------------|----------------------------------|--------------------|
| First Name: | | Middle: | | Last Name: | |
| Preferred Name: | | Grade: | | Birth Place: | |
| Race: | | Amer. Indian or Alaska Native | | Asian | |
| | | Black or African American | | Native Hawaiian/Pac Islander | |
| | | | | White <i>(underline)</i> | |
| Hispanic/Latino? Yes No <i>(underline one)</i> | | Gender: | | Home Lang.: | |
| Access Internet? | | Cell # | | Email: | |
| PRIMARY HOUSEHOLD (STUDENT RESIDES AT) | | | | | |
| Mailing: | | | Street: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| <i>Information for adults living at the above address.</i> | | | | | |
| Name: | | Relationship: | | Employer: | |
| Work # | | Cell # | | POL Account: | |
| | | | | Receive Printed Mailings: | |
| Email: | | Wk Email: | | Home # | |
| Name: | | Relationship: | | Employer: | |
| Work # | | Cell # | | POL Account: | |
| | | | | Receive Printed Mailings: | |
| Email: | | Wk Email: | | Home # | |
| ALTERNATE HOUSEHOLD (NON CUSTODIAL) | | | | | |
| Mailing: | | | Street: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| <i>Information for adults living at the above address.</i> | | | | | |
| Name: | | Relationship: | | Employer: | |
| Work # | | Cell # | | POL Account: | |
| | | | | Receive Printed Mailings: | |
| Email: | | Wk Email: | | Home # | |
| Name: | | Relationship: | | Employer: | |
| Work # | | Cell # | | POL Account: | |
| | | | | Receive Printed Mailings: | |
| Email: | | Wk Email: | | Home # | |
| ALTERNATE HOUSEHOLD (NON CUSTODIAL) | | | | | |
| Mailing: | | | Street: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| <i>Information for adults living at the above address.</i> | | | | | |
| Name: | | Relationship: | | Employer: | |
| Work # | | Cell # | | POL Account: | |
| | | | | Receive Printed Mailings: | |
| Email: | | Wk Email: | | Home # | |
| Name: | | Relationship: | | Employer: | |
| Work # | | Cell # | | POL Account: | |
| | | | | Receive Printed Mailings: | |
| Email: | | Wk Email: | | Home # | |
| 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: | |
| SIBLINGS (other students living at same address) | | | | | |
| First Name | Middle Name | Last Name | Grade | Birthdate | School Name |
| | | | | | |
| | | | | | |
| | | | | | |

Completed By: _____ Signature: _____ Date: _____