

Lexington Public Schools Student Enrollment 2016-2017

A.M. Bus _____ P.M. Bus _____ Notes _____

Student Full Legal Name _____
First Middle Last

Social Security Number _____

Grade _____ Age _____ Gifted & Talented? Y N I.E.P.? Y N

Date of Birth _____
Month Day Year

Race Black Am. Indian Asian Pacific Islander White
(Circle all that apply)

Hispanic/Latino? Y N

Male or Female (Circle one)

Place of Birth _____
City State

Language Spoken in the Home (circle one) English Spanish Both Other _____

Where was the student enrolled last year? _____
School Name

Address if known City State

For office use only: New students may not enroll without all of the following documents:

- 2 proofs of residency
- Birth Certificate
- Social Security Card
- Complete Shot Records
- Photo ID of legal guardian
- Custody Documents for student not living with both parents
- Driver's license for student's 16 and over

Student Name _____

Home Address _____
Street City State Zip Code

Email Address _____
This will be used for school messenger

Phone _____

List everyone living at this address and the relation to the student you are enrolling.

Name	Relation	Grade (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contact Information - Please Print-

The person's listed have permission to pick your student up and check them out of school. The first person listed will receive *School Messenger* alerts.

No one other than the people listed will be able to pick your student up or check them out of school. **PHONE CALLS ARE NOT PERMITTED.**

First & Last Name	Relation	Primary Phone	Alternate/Work Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

List anyone who is not allowed to pick up your student.

Name	Relation
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature _____

Date _____

