



**MANCHESTER SCHOOL DISTRICT
STUDENT ENROLLMENT FORM**
20 - 20

School:

STUDENT INFORMATION

First Name		Last Name		Middle Name	Suffix
Nickname		Gender <input type="radio"/> Female <input type="radio"/> Male	Date of Birth (mm/dd/yyyy)		Grade
Address (Street & House No.)		Apt. No.	City		State Zip Code
Student Email		Home Phone	Work Phone		Cell Phone
Ever enrolled in a Manchester school? <input type="radio"/> Yes <input type="radio"/> No		City of Birth	State of Birth	Country of Birth	
Last School Attended		Last District Attended			State

ETHNICITY

Is this student Hispanic/Latino (Please Check ONE):

Yes, Hispanic/Latino
 No, not Hispanic/Latino

Student's Race (Choose ONE or more):

American Indian/Alaskan Native
 Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 White

CURRENT SERVICES

COMMUNICATIONS

<i>(Please select if applicable)</i>		Does your family have access to a computer at home? <input type="radio"/> Yes <input type="radio"/> No	
<input type="checkbox"/> 504 Plan	<input type="checkbox"/> ELL / Bilingual	<input type="checkbox"/> Special Education Eligibility	Does your family have access to internet at home? <input type="radio"/> Yes <input type="radio"/> No

SIBLINGS

First Name	Last Name	Date of Birth	Grade	School
1.				
2.				
3.				
4.				
5.				
6.				

FOR OFFICE USE ONLY

Local ID	State Assigned ID	School	Grade	District Responsible
Kindergarten <i>(Please select one if applicable)</i> <input type="radio"/> Full Day <input type="radio"/> Half Day		Program		Town Responsible
Entry Type New Re-enrollment	Entry Code	Entry Date	Homeroom / Advisory	Team / Instructor

Parent / Guardian Signature

Parent / Guardian Print Name

Date

PARENT / GUARDIAN INFORMATION *(Will be contacted first by the following order)*

1.	Title	First Name	Last Name	Middle Name	Relationship to Student	Does the student live with this person? <i>(please select one)</i> <input type="radio"/> Yes <input type="radio"/> No
Address (Street & House No.)		Apt. No.	City	State	Zip Code	
Home Phone		Cell Phone	Work Phone	Employer	Email Address	
2.	Title	First Name	Last Name	Middle Name	Relationship to Student	Does the student live with this person? <i>(please select one)</i> <input type="radio"/> Yes <input type="radio"/> No
Address (Street & House No.)		Apt. No.	City	State	Zip Code	
Home Phone		Cell Phone	Work Phone	Employer	Email Address	
Who has legal custody of child? Parent/Guardian <input type="checkbox"/> #1 <input type="checkbox"/> #2 listed above _____						
Is there a joint custody or parenting plan in effect? <input type="radio"/> Yes <input type="radio"/> No (If yes, plan must be on file with the school)						
Is there a restraining order in effect? <input type="radio"/> Yes <input type="radio"/> No Against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (If yes, legal papers must be on file with the school)						

EMERGENCY / OTHER CONTACTS *(The person to whom the child may be released in the absence of the parents / guardian)*

1.	Title	First Name	Last Name		Relationship to Student
Address (Street & House No.)		Apt. No.	City	State	Zip Code
Home Phone		Cell Phone	Work Phone		
2.	Title	First Name	Last Name		Relationship to Student
Address (Street & House No.)		Apt. No.	City	State	Zip Code
Home Phone		Cell Phone	Work Phone		
3.	Title	First Name	Last Name		Relationship to Student
Address (Street & House No.)		Apt. No.	City	State	Zip Code
Home Phone		Cell Phone	Work Phone		