

**STUDENT ENROLLMENT FORM***This section for office use only - STATE ID \_\_\_\_\_*

Lone Star School District 101 Date of Enrollment \_\_\_\_\_ School \_\_\_\_\_ LOCKER # \_\_\_\_\_

**Student Last Name** (Must MATCH legal Birth certificate) **First Name** **Full Middle Name****GRADE** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Gender:**  Female  Male  
mm/dd/yyyy**Student Birthplace** \_\_\_\_\_  
City, State and CountryIs student's parent/guardian's **residence located** in the Lone Star School District?  Yes  No**Guardian Information:** Child lives primarily with-  Both Parents  Father  Mother Other \_\_\_\_\_**Parent/Guardian Name** **Relationship**  
*CHECK ALL THAT APPLY:*  OK to pick up student  Legal Custody  Student resides with  Receives Mailings**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Other phone:** \_\_\_\_\_**Email address:** \_\_\_\_\_**Home Address** (include both mailing and physical if different) **City** **State** **Zip****Employer Name** **Address** **Phone****Parent/Guardian Name** **Relationship**  
*CHECK ALL THAT APPLY:*  OK to pick up student  Legal Custody  Student resides with  Receives Mailings**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Other phone:** \_\_\_\_\_**Email address:** \_\_\_\_\_**Home Address** (include both mailing and physical if different) **City** **State** **Zip****Employer Name** **Address** **Phone****Emergency Contacts-** (other than Parent or Guardian) *Only in cases we cannot reach parent/guardian*#1  OK to pick up student  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ HOME # \_\_\_\_\_ Work # \_\_\_\_\_

#2  OK to pick up student  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ HOME # \_\_\_\_\_ Work # \_\_\_\_\_

#3  OK to pick up student  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ HOME # \_\_\_\_\_ Work # \_\_\_\_\_

**OVER** (please complete all sides)

**Racial and Ethnic Data (MUST answer BOTH parts A & B)**

Part A. Is this student Hispanic/Latino? (choose only one)

- No, not Hispanic/Latino
- Yes, **Hispanic/Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Part B. Which of the following groups describe the student's race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa.

**Hispanic/Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

**Enrollment Placement**

What is the student's primary language? English Spanish Other-please list: \_\_\_\_\_

What is the primary language of Mother \_\_\_\_\_ Father \_\_\_\_\_ Care provider \_\_\_\_\_

Will the student require (ESL/ELL) English as a Second Language Service?  Yes  No

Did your student receive any ESL/ELL language services in the past?  Yes  No

Did your student receive any special services in the past? NONE or check all that apply:  
Head Start Colorado Preschool Program Special Education Services  
Gifted Education Title 1 Reading Title 1 Math

Did they take any resource or intervention classes? List: \_\_\_\_\_

Were they placed in any advanced/gifted courses? List: \_\_\_\_\_

Does your student have:  Section 504 Plan (ensures a qualified child with a disability has equal access to education)  
 IEP (Individualized Education Plan)  
 NONE

Has this student previously attended a school in the Lone StarSchool District?  NO  YES- Grade(s) \_\_\_\_\_

Date most recently enrolled in any US school \_\_\_\_\_

\*If a student has never attended schools outside of the US, use the date the student first entered any US school.  
\*\*If a student has attended schools outside of the US, use the date the student most recently entered or re-entered any US school.

**Medical Information**

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of choice \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Is there any serious medical condition the school should be aware of?  No  Yes  
Student(s) have any allergies, allergic reaction to medication, or diabetic?  No  Yes

Will your child require a health care plan? (allergies, asthma, seizures etc.)  No  Yes  
(Please complete the School Health Screening Questionnaire enclosed in your enrollment packet)

Medical Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_

In case of emergency and my child should need medical or dental attention and I am not present, I authorize and consent to medical, dental or surgical diagnosis and/or treatment advisable under the general supervision of any physician, EMT, Dentist or other qualified medical personnel. It is understood that this authorization is given in advance of care given. I understand that I shall accept full responsibility for any medical, dental, ambulance service and related cost. Lone Star School District does not offer any school plan for individual student insurance. Parent Signature \_\_\_\_\_

**Student Release for Publication**

My student(s) does have or does not have my permission to be photographed and published in the newsletter, social media and the yearbook.

**Student Release for Emergencies/Sickness and other events**

Upon Early Release, Regular Dismissal or special release, my children are instructed and have my permission to:

- Ride the bus and be released to parent/guardian only
- Ride the bus and be released to a person the child is familiar with
- Ride the bus and walk home
- OTHER - please specify \_\_\_\_\_
- My student is not allowed to \_\_\_\_\_.

These individuals are allowed to pick up my student(s): \_\_\_\_\_  
\_\_\_\_\_

Name(s), Age(s) and Grade(s) of Student(s) Siblings:

\_\_\_\_\_  
\_\_\_\_\_

School Rush Alert System - In case of emergencies or school announcements, the school will make notification via School Rush. In order to make timely communication to your family we need the following information for this system:

Text Message - Cell phone number(s) \_\_\_\_\_

Phone Call -  Same as above OR \_\_\_\_\_

E-Mail - \_\_\_\_\_

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**Parent Signature**

**Date**