

**CAPITAN MUNICIPAL SCHOOL ENROLLMENT FORM**

Student Name: \_\_\_\_\_ (Please Print)

(First) (Middle) (Last)  
Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:   M  F Grade Level: \_\_\_\_\_

Last School attended: \_\_\_\_\_ Date of Withdrawal:   /  /  

Did your child receive Special Education services at his/her previous school? YES    NO   

**PLEASE VERIFY ALL INFORMATION**

The following information is requested so that we may assure that our records concerning your child are current and accurate, and that we have an alternate contact person for your child in the event of an emergency. Additionally, some of the information is required by the Public Education Department and the State Transportation Department. All information is held in confidence.

**STUDENT INFORMATION:**

Is the student Hispanic or Latino?   Yes   No

C = Caucasian A= Asian B = Black or African American P = Native Hawaiian/Pacific Islander

I = American Indian/Alaskan Native — Please list Tribe: \_\_\_\_\_

Other — Please specify: \_\_\_\_\_

ADULT ENROLLING STUDENT: (Circle applicable) Parent / Foster Parent / Legal Guardian / Other

Father \_\_\_\_\_ Mother \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Will student ride School Bus to/from school? Yes / No Bus No. \_\_\_\_\_

Does the student live within the Capitan School District Boundary? Yes / No

(If no, an Out of District information form must be completed and a Contract signed by parents and approved by the building Principal before student can be enrolled in Capitan Schools.)

**BROTHERS OR SISTERS UNDER AGE 18:**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

***IS ALL PRE-PRINTED INFORMATION CORRECT? YES NO***

***If NO list changes here:*** \_\_\_\_\_

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