

# Springfield Platteview Community Schools

## STUDENT/CENSUS ENROLLMENT

(Please Print)

Transferred From: \_\_\_\_\_

Enrollment:  Regular  Open  Option

\_\_\_\_\_ School

Enrollment Code: \_\_\_\_\_ Date: \_\_\_\_\_

City \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

CHID #: \_\_\_\_\_

**STUDENT:**

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Month Day Year

Hispanic  Yes  No

Choose one or more:  Asian  Black  White  Indian  Pacific Islander

Lives With:  Both Parents  Mother  Father  Other \_\_\_\_\_

House No. \_\_\_\_\_ Street Name & Type \_\_\_\_\_ Apt. \_\_\_\_\_ P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip (+) \_\_\_\_\_

Resident School District: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Unlisted?  Yes  No

**PARENT/GUARDIAN:**

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Parent \_\_\_\_\_ Step-Parent \_\_\_\_\_ Foster Parent \_\_\_\_\_ Guardian\* \_\_\_\_\_ Other \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SPOUSE/OTHER:**

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Parent \_\_\_\_\_ Step-Parent \_\_\_\_\_ Foster Parent \_\_\_\_\_ Guardian\* \_\_\_\_\_ Other \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

\*Is This Student: Ward of Court?  Yes  No Ward of State?  Yes  No

**OTHERS IN HOUSEHOLD:** (Ages 21 to 0, oldest first)

LAST NAME	FIRST NAME	M.I.	SEX	BIRTHDATE (MO-DAY-YR)	SCHOOL GRD.

**EMERGENCY INFORMATION:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

OFFICE USE ONLY  
 Withdrawal Code: \_\_\_\_\_ Date: \_\_\_\_\_ Records Sent To: \_\_\_\_\_