2007-2008 BUTLER COUNTY ENROLLMENT FORM

_____ _____ _____ _____ _____
Last Name of Child First Middle Sex Race

Date of Birth _____/_____/_____ Social Security Number _____-_____-_____ Home Phone _____

Mailing Address _____

Physical Address _____ County Residing In _____

Country of Origin_____ Language most frequently spoken at home _____ First language your child began to speak _____

Language your child most frequently speaks at home _____ Primary language spoken to your child_____

Father's Name _____ Educational Level _____
Last First Middle

Father's Address _____ Home Phone _____

Place Employed _____ Work Phone _____

Email Address _____

Mother's Name _____ Educational Level _____
Last First Middle

Mother's Address _____ Home Phone _____

Place Employed _____ Work Phone _____

Email Address _____
With whom does child live? _____ Both Parents _____ Father _____ Mother
_____ Stepfather _____ Stepmother _____ Other (List) _____

My Child receives services in (Check all that apply): ____Speech/ Lang. _____ Special Ed. _____ Other (List) _____

Was the child ever enrolled in this system before? ____ Yes ____ No

Last School Attended _____ Address _____

Emergency Information- Persons to call in case of emergency-

1. Name _____Relationship _____ Phone Number_____
2. Name _____Relationship _____ Phone Number_____
3. Name _____Relationship _____ Phone Number _____

Transportation:
Does your child ride a bus? ____ Yes ____ No If yes, how far? _____

_____ I will transport my child to and from school.
_____ I am requesting transportation as follows:
Mornings: Address and directions where my child needs to be picked up _____
_____
Afternoons: Address and directions where my child needs to be dropped off _____
_____

Names and ages of all children under the age of 18 living with the family (Use back if needed):

Name	DOB	School	Grade	Reason for Non-Attendance

----------Office Use Only----------

Homeroom Teacher _____ Bus Number_____
Enrollment Date _____ Bus Driver's Name_____
Imm. Exp. Date _____ Eye Exam and Physical _____