BENNINGTON INDEPENDENT SCHOOL DISTRICT
NEW STUDENT ENROLLMENT FORM

STUDENT'S FULL NAME _____

STUDENT'S DATE OF BIRTH _____ PLACE OF BIRTH _____

GENDER ____ MALE _____ FEMALE SS# _____ AGE, _____

ETHNICITY/RACE
Are you of Hispanic/Latino culture or origin? _____ YES _____ NO

What is your race? (Choose one or more.)
_____ American Indian or Alaskan Native
Name of tribe _____
_____ Asian
_____ Black/African American
_____ Native Hawaiian or Other Pacific Islander
_____ White

GRADE LEVEL _____ LAST SCHOOL ATTENDED _____

DOES STUDENT RESIDE IN BENNINGTON SCHOOL DISTRICT? YES - NO ___
(IF "NO" A REQUEST FOR TRANSFER MUST BE APPROVED BY SENDING AND RECEIVING SUPERINTENDENTS.)

ADDRESS (MAILING) _____
Route, Street, P.O. Box City STATE Zip

(PHYSICAL) _____
(IF DIFFERENT FROM ABOVE)

PHONE _____ E-MAIL _____

DOES THE STUDENT LIVE IN AN INDIAN HOUSE? YES _____ NO _____

DOES THE STUDENT LIVE _____ 1.5 MILES OR LESS FROM SCHOOL?
_____ MORE THAN 1.5 MILES FROM SCHOOL?

(OFFICE WILL COMPLETE THE FOLLOWING BUS INFORMATION)
BUS ROUTE # _____ **BUS #** _____ **DRIVER'S NAME** _____

IS EITHER PARENT IN THE ARMED SERVICES? _____ YES _____ NO

IS EITHER PARENT EMPLOYED BY THE FEDERAL GOVERNMENT?
_____ YES _____ NO

IS A COPY OF THE STUDENT'S IMMUNIZATION RECORD ON FILE?
_____ YES _____ NO

WITH WHOM DOES THE CHILD LIVE?____________________________
NAME THE RELATIONSHIP THE PERSON(S) HAS/HAVE TO/WITH CHILD (I.E. NATURAL PARENT, LEGAL GUARDIAN, GRANDPARENT, FOSTER PARENT, ETC.) ____________________________

MALE PARENT/GUARDIAN NAME____________________________

ADDRESS (IF DIFFERENT FROM ABOVE) ____________________________

____

PLACE OF EMPLOYMENT____________________________

WORK/CELL PHONE____________________________

FEMALE PARENT/GUARDIAN NAME____________________________

ADDRESS (IF DIFFERENT FROM ABOVE) ____________________________

____

PLACE OF EMPLOYMENT____________________________

WORK/CELL PHONE____________________________

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING PERSON (IF A PARENT IS NOT AVAILABLE):

NAME____________________________RELATIONSHIP______________

HOME/WORK/CELL PHONE____________________________

LIST ALLERGIES, MEDICAL PROBLEMS, HEALTH-RELATED CONDITIONS (INCLUDE REGULAR MEDICATIONS)____________________________

____

NAME/PHONE NUMBER OF ADULTS WITH WHOM YOUR CHILD WILL BE PERMITTED TO LEAVE SCHOOL____________________________

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____________________________ SIGNATURE OF PARENT/LEGAL GUARDIAN

______________ DATE

____________________________ NAME OF STUDENT

______________ GRADE LEVEL