

ENROLLMENT INFORMATION

School Name: _____

Student Name: (As appears on Birth Certificate) _____
 LAST FIRST MIDDLE (not initial)

Nickname (if different) _____

Gender: Male Female Date of Birth ____/____/____ Grade ____ Social Security No: (optional*) _____
 (*If not provided by grade 8, your child will not be eligible to receive KEES money for college)

Student Address: _____
 Street Number and Name City/State/Zip County

Student's Mailing Address: _____
 (If different than above address.) Street Number and Name or PO Box City/State/Zip County

Please check one: Rent or Own

Home Telephone Number: (____) _____ - _____

We live with family and/or friends in their home at the above address. I understand I must make an appointment with the school to provide Affirmation of Residency forms and supporting documentation.

Ethnicity: (Check One)	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino
Race: (Check all that apply)	<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> Asian	<input type="checkbox"/> Black
		<input type="checkbox"/> White

Parent/Legal Guardian (#1)	Parent/Legal Guardian (#2)
Legal Name: _____	Legal Name: _____
Relationship to Student: _____	Relationship to Student: _____
Date of birth: ____/____/____ Gender: _____	Date of birth: ____/____/____ Gender: _____
Address: _____	Address: _____
Cell No.: (____) ____ - _____ Work No.: _____	Cell No.: (____) ____ - _____ Work No.: _____
<input type="checkbox"/> Consent to receive IC messages	<input type="checkbox"/> Consent to receive IC messages
Employer: _____	Employer: _____
Email Address: _____	Email Address: _____
Lives in Household with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives in Household with student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there circumstances about the custody of your child that we should know about, which limit the sharing of records, picking up of your child, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(It is the parent's/guardian's responsibility to keep the school informed of changes in custody by providing the office current and complete legal documents each year and after any changes).	

LANGUAGE
Country of Origin _____
What is the language most frequently spoken at home? _____
Which language did your child learn when he/she first began to talk? _____
What language does your child most frequently speak at home? _____
What language do you most frequently speak to your child? _____

AS PARENT/GUARDIAN OF THE ABOVE, I VERIFY THAT THE INFORMATION ON THIS ENTIRE CARD IS CURRENT, THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES IN THIS INFORMATION AND I WILL BE RESPONSIBLE FOR TUITION, FINES OR PENALTIES, ATTORNEY'S FEES & COURT COSTS RESULTING FROM A FALSIFIED CARD. I AUTHORIZE ANY SCHOOL PERSONNEL TO TAKE REASONABLE EMERGENCY MEASURES, INCLUDING CALLING 911, ON BEHALF OF MY CHILD AND AGREE TO HOLD THEM HARMLESS FOR ANY TREATMENT RENDERED.

I verify all information provided is accurate to the best of my knowledge:	
_____ Parent/Guardian #1 Signature	_____ Date
_____ Parent/Guardian #2 Signature (if applicable)	_____ Date

This is step one of the registration process as OCS moves to online registration. After registering at your child's school, you will receive an email with directions on how to complete step two by enrolling online.