

Enrollment Form for Goessel Elem

First Name:		Middle:		Last Name:	
Preferred Name:		Grade:		Birth Place:	
Race:		DOB:			
Amer. Indian or Alaska Native		Asian		Black or African American	
Native Hawaiian/Pac Islander		White		<i>(underline)</i>	
Hispanic/Latino? Yes No (underline one)		Gender:		Home Lang.:	
Access Internet?		Cell #		Email:	

PRIMARY HOUSEHOLD (STUDENT RESIDES AT)

Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:

Information for adults living at the above address:

Name:	Relationship:	Employer:			
Work #	Cell #	POL Account:	Receive Printed Mailings:		
Email:	Wk Email:	Home #			
Name:	Relationship:	Employer:			
Work #	Cell #	POL Account:	Receive Printed Mailings:		
Email:	Wk Email:	Home #			

ALTERNATE HOUSEHOLD (NON CUSTODIAL)

Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:

Information for adults living at the above address:

Name:	Relationship:	Employer:			
Work #	Cell #	POL Account:	Receive Printed Mailings:		
Email:	Wk Email:	Home #			
Name:	Relationship:	Employer:			
Work #	Cell #	POL Account:	Receive Printed Mailings:		
Email:	Wk Email:	Home #			

ALTERNATE HOUSEHOLD (NON CUSTODIAL)

Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:

Information for adults living at the above address:

Name:	Relationship:	Employer:			
Work #	Cell #	POL Account:	Receive Printed Mailings:		
Email:	Wk Email:	Home #			
Name:	Relationship:	Employer:			
Work #	Cell #	POL Account:	Receive Printed Mailings:		
Email:	Wk Email:	Home #			

EMERGENCY CONTACTS: Enter additional contacts not listed above.

Name:	Relationship:	Email:	
Home #	Work #	Cell #	
Name:	Relationship:	Email:	
Home #	Work #	Cell #	
Name:	Relationship:	Email:	
Home #	Work #	Cell #	

Emergency Medical Information

Physician:	Phone:	Hospital:
Medical Notes:		

Daycare Information (if applicable)

Provider:	Phone:
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SIBLINGS (other students living at same address)

First Name	Middle Name	Last Name	Grade	Birthdate	School Name

Completed By: _____ Signature: _____ Date: _____