

# BRADFORD SCHOOL DISTRICT

## BRADFORD HIGH SCHOOL ENROLLMENT FORM

### GENERAL STUDENT INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F (circle one) Curriculum: \_\_\_\_\_

<b>Ethnicity (check one):</b>	<b>Primary Race (check only one):</b>	<b>Additional Race (check all that apply):</b>
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black	<input type="checkbox"/> Black
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> White	<input type="checkbox"/> White

Is the student a military dependent?  Yes  No If Yes, what branch? \_\_\_\_\_

**Method of Transportation (check all that apply):**

Bus  Drives Self  Parent/Guardian (includes walkers, child care vans, etc.)  District Paid Transportation  
 Bus # To School: \_\_\_\_\_ Bus # From School: \_\_\_\_\_ Distance/Miles One Way: \_\_\_\_\_

Birth Certificate #: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
 Birth Country: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Last School Attended: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you currently under Suspension or Expulsion from your previous school? YES or NO (circle one)

Are you currently under discipline review from your previous school? YES or NO (circle one)

**Pre-School Participation: (Circle One)**

A – ARKANSAS BETTER CHOICE	H – HEADSTART	O – OTHER
E – EVEN START	NA – NOT APPLICABLE	P – PRIVATE PRE-SCHOOL
EC – EARLY CHILDHOOD	C – 21 <sup>ST</sup> CENTURY COMMUNITY LEARNING CENTER	PS – PUBLIC SCHOOL PRE-SCHOOL

### PARENT/GUARDIAN INFORMATION

**Living With: (Circle One)**

A – ALONE	F – FATHER ONLY	I – INSTITUTION	P – BOTH PARENTS
D – FATHER AND STEPMOTHER	G – GRANDPARENTS	L – LEGAL GUARDIAN	S – SPOUSE
E – MOTHER AND STEPFATHER	H – HOMELESS	M – MOTHER ONLY	T – FOSTER PARENT

Parent/Guardian Name: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

**Parent/Guardian Address Information:**

<u>MAILING ADDRESS</u>	<u>911 ADDRESS</u>
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Workplace 1: Employer: _____ Work Phone: _____	Parent/Guardian Workplace 2: Employer: _____ Work Phone: _____
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Parent/Guardian E-mail Address 1: \_\_\_\_\_

Parent/Guardian E-mail Address 2: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**Emergency Contact Information:**

Contact 1 Name: _____	Contact 2 Name: _____
Contact 1 Phone: _____	Contact 2 Phone: _____
Physician: _____	Physician: _____
Physician Phone: _____	Physician Phone: _____

Please list any medical concern for this child: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date