

SELMA/PERRY ELEMENTARY

200 South East Street
Selma, IN 47383
765-282-2455

ELEMENTARY ENROLLMENT FORM

STUDENT NAME: _____ **GRADE LEVEL:** _____

COMPETE ADDRESS: _____

HOME PHONE: _____ **CELL #:** _____ **BIRTHDATE:** _____

GENDER: _____ **AGE:** _____ **ETHNICITY:** _____

LAST SCHOOL ATTENDED & SCHOOL ADDRESS(if out of District):

PARENT/GUARDIAN WITH WHOM THE CHILD LIVES: _____

NAMES OF SIBLINGS ATTENDING THE LIBERTY-PERRY SCHOOLS:

NUMBER/PERSON TO CALL IN CASE OF EMERGENCY SCHOOL CLOSING:

FATHER NAME: _____ **EMAIL ADDRESS:** _____

FATHER DAY PHONE: _____ **FATHER EMPLOYER:** _____

FATHER HOME PHONE: _____

MOTHER NAME: _____ **EMAIL ADDRESS:** _____

MOTHER DAY PHONE: _____ **MOTHER EMPLOYER:** _____

MOTHER HOME PHONE: _____

FATHER CELL PHONE: _____ **MOTHER CELL PHONE:** _____

MAILING ADDRESS: _____

WRITTEN DIRECTIONS TO STUDENT'S RESIDENCE: Please use the back of this registration form.

EMERGENCY CONTACT 1: _____ **RELATIONSHIP:** _____
EMERGENCY PHONE 1: _____

EMERGENCY CONTACT 2: _____ **RELATIONSHIP:** _____
EMERGENCY PHONE 2: _____

EMERGENCY CONTACT 3: _____ **RELATIONSHIP:** _____
EMERGENCY PHONE 3: _____

BUS DRIVER NAME: _____ **REGULAR BUS #:** _____ **SHUTTLE #:** _____

DID YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES LAST YEAR? _____

DID YOUR CHILD RECEIVE SECTION 504 SUPPORT LAST YEAR? _____

DOCTOR NAME/PHONE: _____

DENTIST NAME/PHONE: _____