

PLEASE CONTACT US IF THIS INFORMATION CHANGES DURING THE YEAR.

CLICK HERE TO SUBMIT TO DISTRICT

# Canton School District 41-1

## STUDENT ENROLLMENT INFORMATION

TODAY'S DATE: \_\_\_\_\_

RACE/ETHNICITY INFORMATION: ▶▶ Hispanic/Latino; ▶▶ American Indian or Alaska Native; ▶▶ Asian  
▶▶ Black or African American; ▶▶ Native Hawaiian or Other Pacific Islander; ▶▶ White

STUDENT'S INFO: \_\_\_\_\_  
(First Name) (Last Name) (Birth date) (Gender) (Race/Ethnicity)  
\_\_\_\_\_  
(Grade) (Health Problems) (Medications Taken)

STUDENT'S INFO: \_\_\_\_\_  
(First Name) (Last Name) (Birth date) (Gender) (Race/Ethnicity)  
\_\_\_\_\_  
(Grade) (Health Problems) (Medications Taken)

STUDENT'S INFO: \_\_\_\_\_  
(First Name) (Last Name) (Birth date) (Gender) (Race/Ethnicity)  
\_\_\_\_\_  
(Grade) (Health Problems) (Medications Taken)

PLEASE ANSWER THE FOLLOWING QUESTIONS IF MORE THAN ONE LANGUAGE IS SPOKEN IN THE HOME:

What is the language most frequently spoken at home? \_\_\_\_\_  
What language does your child most frequently speak at home? \_\_\_\_\_  
What language do you most frequently speak to your child? \_\_\_\_\_

STUDENT LIVES WITH: BOTH PARENTS \_\_\_\_\_ FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ OTHER \_\_\_\_\_

Does this student have a fixed, regular, and adequate nighttime residence? Yes \_\_\_ No \_\_\_  
If No, where does the student reside: \_\_ Shared Housing \_\_ Shelter \_\_ Motel, Hotel, Campground Emergency  
Housing (tent, car, box, etc) please specify: \_\_\_\_\_

FATHER'S INFO: \_\_\_\_\_  
(First Name) (Last Name) (Address) (City) (State) (Zip)  
\_\_\_\_\_  
(Home Phone) (Cell Phone) (Email Address) (Employer) (Work Phone)

MOTHER'S INFO: \_\_\_\_\_  
(First Name) (Last Name) (Address) (City) (State) (Zip)  
\_\_\_\_\_  
(Home Phone) (Cell Phone) (Email Address) (Employer) (Work Phone)

OTHER'S INFO: \_\_\_\_\_  
(First Name) (Last Name) (Address) (City) (State) (Zip)  
\_\_\_\_\_  
(Home Phone) (Cell Phone) (Email Address) (Employer) (Work Phone)

PHONE NUMBER FOR BRIGHT ARROW: \_\_\_\_\_  
(List 1-3 numbers where the school can reach you in case of no school, early dismissals, late starts or emergency or regular announcements)

CHILDCARE PROVIDER: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACTS: (Other than names above)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_