

Date: _____ GRADE: _____ COMPLETE: _____

Time: _____ INCOMPLETE: _____

POTEAU PRIMARY
APPLICATION FOR ENROLLMENT AND STUDENT INFORMATION FORM

Please Do Not Write Above This Line

Full Legal Name (First, Middle, Last)		Medicaid#	Gender M/F
Place of Birth	Date of Birth	Current Grade	Social Security #
Last School Attended		Who does the student live with?	
Father's Name:		Mother's Name:	
Father's Home Address (No P.O. Box)		Mother's Home Address (No P.O. Box)	
Father's Home Telephone #		Mother's Home Telephone #	
Father's Employer		Mother's Employer	
Father's Employer's Telephone #		Mother's Employer's Telephone #	
Father's Cell Phone		Mother's Cell Phone	
Father's Social Security Number		Mother's Social Security Number	

Office Use Only

Transfer? _____
SSN? _____
Immunizations? _____
Birth Certificate? _____
CDIB? _____
Proof of Income? _____
(Pre-K only)
Lim. Eng? _____
Homeless? _____
Legal Docs? _____

**Bus/Pick-Up
Info/Alerts/Notes**

Custodial parent primary email address for school messages:

_____ (list one address only)

Custodial parent primary cell phone number for school text messages:

_____ (list one number only)

Please provide any legal documents to the school in regards to divorce, custody, adoption, foster placement, guardianship, etc., pertaining to this student.

Is this student a foster child? _____

Allergies: _____

Current Medications: _____

Does your child have a disability: Yes ___ No ___
(If yes, please describe and attach documentation)

Emergency Contact Names/Relationship

(other than parents) Will also be allowed to pick up

#1 _____

Ph # _____

#2 _____

Ph # _____

3 _____

Ph # _____

4 _____

Ph # _____

Ethnicity:

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Race:

_____ Am. Indian or Alaska Native

_____ Asian

_____ Black or African Am.

_____ Native Hawaiian or Other

Pacific Islander

_____ White

Does parent ___ or child ___ speak a
language other than English?

What language? _____

Does either parent work in an agriculture
based job (i.e., chicken plant, farming?)

Entry Date: _____

Grade: _____

Homeroom:

Student #:

Total number in Household: _____

Number of children in Household: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

PRE-K ENROLLMENT ONLY

Please provide directions to your home: _____

Is this child a foster child? Yes ____ No ____ (If yes, show documentation and income verification will **not** be required.)

Does anyone in your family receive TANF? Yes ____ No ____ SSI? Yes ____ No ____
(If yes, please show documentation. Income verification is not required.)

Is your family living with a friend or relative, in a shelter, hotel or vehicle? Yes ____ No ____
If yes, income verification is not required.

Include all income of parent/guardian of the child enrolling in the program.

PROOF OF INCOME BY: MOTHER/GUARDIAN FATHER/GUARDIAN

Income Tax Form 1040 _____

Social Security _____

W-2 Form _____

Unemployment _____

Pay Stub _____

Employer Statement _____

Child Support _____

Other _____

Total Yearly Income for Family: _____

Is child receiving any of the following benefits?

Sooner Care Benefits	Card # _____
Indian Health Benefits	Chart # _____
Medical Assistance Benefits	Medical Assistance # _____
TANF	TANF # _____
Family Health Insurance	Name of Company _____

Do you need information regarding Sooner Care Health Insurance for your child? _____

I certify that the information stated in this application is true and correct to the best of my knowledge.

Signature of parent/guardian _____ **Date** _____

I verify that I examined the proof of income and immunization documentation as stated in this application.

Signature of staff member _____ **Date** _____

This form will become part of your child's permanent record. Please make sure that you have answered all questions completely. Thank you.