

**OFFICE USE ONLY**

ENTRY/EXIT CODES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_  
ID # \_\_\_\_\_  
SSN# \_\_\_\_\_  
BUS# \_\_\_\_\_



**POTEAU HIGH SCHOOL  
JUNIOR ENROLLMENT FORM  
2019-2020**

**Demographics**

LEGAL NAME \_\_\_\_\_  
*First Middle Last*

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_  
*City State Country (if different than Unites States)*

RACE *(please check all that apply)*

- LATINO (HISPANIC ETHNICITY)       AFRICAN AMERICAN       AMERICAN INDIAN / ALASKAN NATIVE
- ASIAN       WHITE       PACIFIC ISLANDER
- OTHER \_\_\_\_\_

SCHOOL LAST ATTENDED \_\_\_\_\_

HAVE YOU EVER BEEN IN POTEAU SCHOOLS BEFORE?       YES       NO

PARENT NAME *(primary residence)* \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHYSICAL ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK # \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
*Current working phone numbers and email addresses are very important.*

EMAIL ADDRESS \_\_\_\_\_

DO YOU RESIDE WITH SOMEONE OTHER THAN PARENT/STEP PARENT?       YES       NO

IF YES, WHO DO YOU LIVE WITH? \_\_\_\_\_

ARE YOU A LEGAL RESIDENT OF THIS SCHOOL DISTRICT?       YES       NO

IF NO, HAVE YOU APPLIED FOR A TRANSFER?       YES       NO

**Additional Contact Information**

PARENT NAME *(secondary contact)* \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHYSICAL ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_  
*Current working phone numbers and email addresses are very important.*

*Continued on Back*

STUDENT NAME \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

RELATION \_\_\_\_\_ PHONE# \_\_\_\_\_

MEDICAL NOTES / HISTORY / MEDICATION *(if applicable)* \_\_\_\_\_

WILL NEED TO REQUEST RECORDS FROM SPECIAL SERVICES I.E. GIFTED OR IEP RECORDS? \_\_\_\_\_

### CLASS SCHEDULE

TO BE FILLED OUT WITH COUNSELOR

1. ENGLISH	
2. MATH	
3. SCIENCE	
4. UNITED STATES HISTORY / AP HISTORY	
5. SPANISH I OR COMPUTER CLASS <i>(for College Preparatory Curriculum)</i>	
6. (ELECTIVE CHOICE)	
7. (ELECTIVE CHOICE)	
(ALTERNATIVE)	

### CONSIDER CAREFULLY

**THIS CONFIRMS YOUR COURSE SELECTIONS FOR THE UPCOMING SCHOOL YEAR. NO ADDITIONAL COURSE CHANGES WILL BE HONORED.**

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR OFFICE USE ONLY

DATE LAST ATTENDED \_\_\_\_\_ DATE OF WITHDRAWAL \_\_\_\_\_ WITHDRAWAL CODE \_\_\_\_\_

REASON FOR WITHDRAWAL \_\_\_\_\_

RECORDS REQUESTED \_\_\_\_\_ DATE SENT \_\_\_\_\_