

**Enrollment Form for CEDAR VALE ELEMENTARY**

<b>First Name:</b>		<b>Middle:</b>		<b>Last Name:</b>	
<b>Preferred Name:</b>		<b>Grade:</b>		<b>Birth Place:</b>	
<b>Race:</b>		Amer. Indian or Alaska Native    Asian    Black or African American    Native Hawaiian/Pac Islander    White    ( <i>underline</i> )		<b>DOB:</b>	
<b>Hispanic/Latino?</b> Yes No ( <i>underline one</i> )		<b>Gender:</b>		<b>Home Lang.:</b>	
<b>Access Internet?</b>		<b>Cell #</b>		<b>Email:</b>	
<b>PRIMARY HOUSEHOLD (STUDENT RESIDES AT)</b>					
<b>Mailing:</b>			<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<i>Information for adults living at the above address.</i>					
<b>Name:</b>		<b>Relationship:</b>		<b>Employer:</b>	
<b>Work #</b>		<b>Cell #</b>		<b>POL Account:</b> <b>Receive Printed Mailings:</b>	
<b>Email:</b>		<b>Wk Email:</b>		<b>Home #</b>	
<b>Name:</b>		<b>Relationship:</b>		<b>Employer:</b>	
<b>Work #</b>		<b>Cell #</b>		<b>POL Account:</b> <b>Receive Printed Mailings:</b>	
<b>Email:</b>		<b>Wk Email:</b>		<b>Home #</b>	
<b>ALTERNATE HOUSEHOLD (NON CUSTODIAL)</b>					
<b>Mailing:</b>			<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<i>Information for adults living at the above address.</i>					
<b>Name:</b>		<b>Relationship:</b>		<b>Employer:</b>	
<b>Work #</b>		<b>Cell #</b>		<b>POL Account:</b> <b>Receive Printed Mailings:</b>	
<b>Email:</b>		<b>Wk Email:</b>		<b>Home #</b>	
<b>Name:</b>		<b>Relationship:</b>		<b>Employer:</b>	
<b>Work #</b>		<b>Cell #</b>		<b>POL Account:</b> <b>Receive Printed Mailings:</b>	
<b>Email:</b>		<b>Wk Email:</b>		<b>Home #</b>	
<b>ALTERNATE HOUSEHOLD (NON CUSTODIAL)</b>					
<b>Mailing:</b>			<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<i>Information for adults living at the above address.</i>					
<b>Name:</b>		<b>Relationship:</b>		<b>Employer:</b>	
<b>Work #</b>		<b>Cell #</b>		<b>POL Account:</b> <b>Receive Printed Mailings:</b>	
<b>Email:</b>		<b>Wk Email:</b>		<b>Home #</b>	
<b>Name:</b>		<b>Relationship:</b>		<b>Employer:</b>	
<b>Work #</b>		<b>Cell #</b>		<b>POL Account:</b> <b>Receive Printed Mailings:</b>	
<b>Email:</b>		<b>Wk Email:</b>		<b>Home #</b>	
<b>EMERGENCY CONTACTS: Enter additional contacts not listed above.</b>					
<b>Name:</b>		<b>Relationship:</b>		<b>Email:</b>	
<b>Home #</b>		<b>Work #</b>		<b>Cell #</b>	
<b>Name:</b>		<b>Relationship:</b>		<b>Email:</b>	
<b>Home #</b>		<b>Work #</b>		<b>Cell #</b>	
<b>Name:</b>		<b>Relationship:</b>		<b>Email:</b>	
<b>Home #</b>		<b>Work #</b>		<b>Cell #</b>	
<b>Emergency Medical Information</b>					
<b>Physician:</b>		<b>Phone:</b>		<b>Hospital:</b>	
<b>Medical Notes:</b>					
<b>Daycare Information (if applicable)</b>					
<b>Provider:</b>				<b>Phone:</b>	
<b>SIBLINGS (other students living at same address)</b>					
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Grade</b>	<b>Birthdate</b>	<b>School Name</b>

Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_