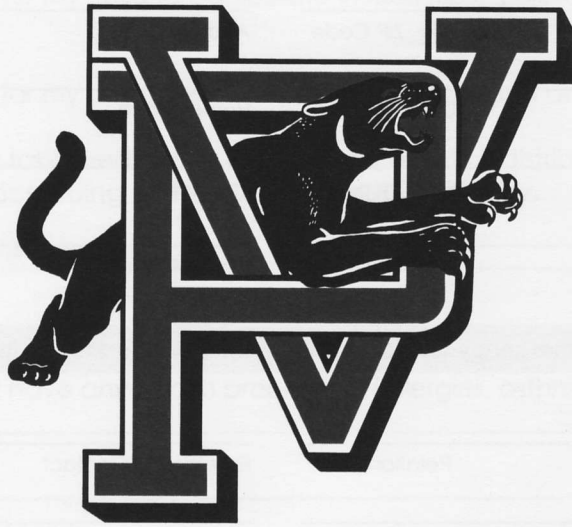


PAULS VALLEY PUBLIC SCHOOLS



NEW STUDENT ENROLLMENT FORM

Grade _____ Date student will start school _____

Student's Previous School

Previous School Attended By Student _____ Address of Previous School _____ Phone _____ FAX _____

Student Personal Information

Student's Full Legal Name _____ (First Middle Last) _____ Social Security Number _____

Date of Birth _____ / _____ / _____ Ethnic Group (African American / Asian / Caucasian / Hispanic / Native American / Other (specify) _____ Gender (circle one) Male _____ Female _____

Place of Birth _____ (City, State, Country) _____ Primary Language Spoken in Home _____

American Indian YES NO _____ If American Indian: Tribe _____ Roll No. _____

Example: 11 Monroe AVE NW

Example: P.O. Box 1709

Student Physical Address _____ (Number, Street, Suffix, Direction, Apt. #) _____ Student Mailing Address _____ (if different than physical address) _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Primary Contacts

| Primary Contact | Relation | Secondary Contact | Relation |
|-----------------|-------------------|-------------------|-------------------|
| Address | City, ST ZIP Code | Address | City, ST ZIP Code |
| Home Phone | Cell Phone | Home Phone | Cell Phone |
| Employer | Work Phone | Employer | Work Phone |
| E-mail Address | | E-mail Address | |

Emergency Contacts (other than persons already listed)

| Emergency Contact | Relation | Emergency Contact | Relation |
|-------------------|-------------------|-------------------|-------------------|
| Address | City, ST ZIP Code | Address | City, ST ZIP Code |
| Home Phone | Cell Phone | Home Phone | Cell Phone |
| Employer | Work Phone | Employer | Work Phone |

Additional Children Attending Pauls Valley Schools Students (Living in the Home)

| | | | |
|--------|-------|--------|-------|
| Name | | Name | |
| School | Grade | School | Grade |
| Name | | Name | |
| School | Grade | School | Grade |

Persons with permission to pick your child up from school

| | | |
|------|----------|---------|
| Name | Relation | Phone # |
| Name | Relation | Phone # |
| Name | Relation | Phone # |
| Name | Relation | Phone # |
| Name | Relation | Phone # |

| TO BE COMPLETED BY SCHOOL OFFICIAL | | | |
|---|-------------|-----------|------------|
| FORM VERIFIED | Yes | No | N/A |
| Receipt of Student Handbook / Media Release | | | |
| Internet / Computer Usage Policy | | | |
| Lunch Form | | | |
| CDIB Card | | | |
| 506 Form (JOM) | | | |
| Home Language Survey | | | |
| Birth Certificate | | | |
| Social Security Card | | | |
| Immunization Record | | | |
| Custodial Statement | | | |
| Parental Authorization to Administer Medicine | | | |
| Medication- Administering to Students (Authorization) | | | |
| Verification of Residency | | | |
| OSSAA Athletic Eligibility for Grades 7-12 | | | |
| New Student Special Services Information | | | |
| Release of Records | | | |
| Bus Form | | | |
| | | | |
| | | | |
| | | | |
| School Employee Signature: | Date | | |