

Birmingham Public Schools

Student Enrollment Sheet - Elementary

Kindergarten Only

A.M. P.M.

___ Extended Day

___ Kinderplus

___ Kids' Club

Basic Student Information

Entry Date: _____

Student Name

Last _____ First _____ Middle _____

Birthdate: _____ Sex: M F Citizenship _____

Place of Birth _____ Birth Certificate Verification Date _____
City State

Has student ever attended BPS? Yes No S.S. # (optional) - -

Home Phone: (____) _____ Unlisted? Yes No

Parent, please complete.

Are parent(s) alumni?

SEA GRO Year Graduated

Grade last completed _____ Date _____

Former School _____ Address _____

City, State, Zip Code _____

If a language other than English is spoken at home, list the language _____

Ethnic Group

Am. Indian _____ White _____ Hispanic _____ Black _____ Asian _____ Hawaiian/Pacific Islander _____ Multi-Racial _____
(1) (2) (3) (4) (5) (7) (8)

Family Information

Student Residence Address #1 (Parent/Guardian with whom the student resides)

1. Parent/Guardian Name Marital Status: Married ___ Single ___ Divorced ___ Widowed ___ Separated ___

Last _____ First _____ Middle _____

Relationship _____

Address _____ City _____ State _____ ZipCode _____

() _____ | () _____ | () _____
 Work Cell Phone Pager

Employer: _____ Occupation: _____ E-Mail: _____

2. Spouse Name

Last _____ First _____ Middle _____

Relationship _____

() _____ | () _____ | () _____
 Work Cell Phone Pager

Employer: _____ Occupation: _____ E-Mail: _____

Residence Address #2 (Parent Guardian Living Elsewhere)

Mailing Requested:

Yes _____ No _____

1. Parent/Guardian Name Marital Status: Married ___ Single ___ Divorced ___ Widowed ___ Separated ___

Last _____ First _____ Middle _____

Relationship _____ E-Mail: _____

Address _____ City _____ State _____ ZipCode _____

() _____ () _____ () _____ () _____
Home Phone Work Cell Phone Pager

Employer: _____ Occupation _____

2. Spouse Name

Last _____ First _____ Middle _____

Address _____ City _____ State _____ ZipCode _____

() _____ () _____ () _____ () _____
Home Phone Work Cell Phone Pager

Employer: _____ Occupation _____ E-Mail: _____

ADDITIONAL INFORMATION:

Special school services (e.g. Gifted program, Remedial Reading program, Special Education program) Please specify

Has any community agency other than the school been involved in evaluating the child? (Testing, instruction)

Yes ___ No ___ Explain : _____

Other Children in Home

Grade	First Name	Last Name	Birthdate	Age	Sex	Relationship	School

Special Instructions: _____

Date: _____ Parent/Guardian Signature _____

Office Use Only

Student No. _____ Family No. _____ Start Date _____ Open Enrolled Yes No

Birth Verification:

- Birth Certificate
- Passport
- Pending

Documentation

- Immunizations
- Release of Records
- Emergency Card
- Court Documents (list below)
- Transcript/Report Card

Tuition

- Tuition With Release
- Tuition W/O Release
- Child of District Employee
- Resident District _____

Residency:

- Verify address
- Driver's License
- Closing statement
- Lease
- 3 curt. utility bills
- Affidavit
- Guardianship
- Guardianship Exp: Yr. ___ Mo ___
- Lease Exp: Yr. ___ Mo ___

Court Documents Presented:

