

**Birmingham Public Schools**  
**Student Enrollment Sheet – Middle and High Schools**

ID No. _____
Counselor _____

**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  Court Documents (list below)   
Release of Records  Transcript/Report Card   
Emergency Card **Tuition**Tuition With Release   
Tuition W/O Release   
Child of District Employee   
Resident District \_\_\_\_\_**Residency:**Verify address  Affidavit   
Driver's License  Guardianship   
Closing statement   
Lease  Guardianship Exp: Yr \_\_\_\_\_ Mo \_\_\_\_\_  
3 curt. utility bills  Lease Exp: Yr. \_\_\_\_\_ Mo \_\_\_\_\_

Court Documents Presented:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_