

ENROLLMENT FORM
CHELAN MIDDLE/SENIOR HIGH SCHOOL
CHELAN, WASHINGTON

DATE _____
Grade Level _____

Legal Name _____ M ___ F ___ Ethnic _____
(last) (first) (M.I.)
Birthdate _____ S.S # _____ City of Birth _____ State _____

Student resides with: _____ Relationship _____

****Legal Guardian _____ Joint Custody: Yes ___ No ___

Entered Chelan from: _____
(Name of School) Phone: _____
(Address) Fax: _____
(City, State ZIP)

Legal Father's Name _____ Employer _____
Phone _____

Legal Mother's Name _____ Employer _____
Phone _____

Step/Father-Mother _____ Employer _____
Phone _____

Chelan School District Resident YES ___ NO ___

Street address: _____ Phone _____

Mailing Address: _____ City _____

Primary home language: _____ E-Mail _____

In case of emergency notify: _____ Phone _____

+++PLEASE CHECK ANY THAT MAY APPLY.

___ Any history of placement in Special Education (IEP)?

___ Any past, current or pending disciplinary actions: any history of violent behavior or convictions, adjudication or diversion agreements related to a violent offense, a sex offense, inhaling toxic fumes, a drug offense, a liquor violation, assault, kidnapping, harassment, stalking or arson?

___ Any unpaid fines or fees from other schools?

___ Any health conditions affecting the student's educational needs.

Please supply a brief explanation on any above checked items.