

**ARAPAHO-BUTLER JR & SR HIGH SCHOOL
ENROLLMENT FORM**

DATE _____

(LEGAL) NAME OF CHILD _____ GRADE _____
FIRST MIDDLE LAST

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

PLACE OF BIRTH _____

ARE YOU HISPANIC / LATINO CULTURE OR ORGIN? YES or NO

RACE: _____ American Indian or Alaskan Native _____ Asian
_____ Black/African American _____ Native Hawaiian or Other Pacific Islander _____ White

NAME OF PARENTS OR GUARDIANS _____
(Include first and last names)

EMAIL ADDRESS (for school notifications) _____

MAILING ADDRESS _____

STREET ADDRESS _____
(Include address, city and zip code)

HOME PHONE _____

MOTHER'S CELL # _____ FATHER'S CELL _____

DOES STUDENT HAVE CELL PHONE YES OR NO CELL # _____

PLACE OF FATHER'S EMPLOYMENT _____ PHONE _____

PLACE OF MOTHER'S EMPLOYMENT _____ PHONE _____

IN CASE OF EMERGENCY (NAME & NUMBER) _____

LIST ANY ALLERGIES OF CHILD _____

LIST ANY SERIOUS HEALTH PROBLEMS OF CHILD _____

IS THIS CHILD TAKING ANY MEDICATION ON A REGULAR BASIS? _____

IF YES, NAME OF MEDICATION AND ITS PURPOSE _____

****ALL MEDICATION MUST BE FURNISHED BY THE PARENT OR GUARDIAN WITH THE ORIGINAL LABEL OR WITH A PHARMACY LABEL ATTACHED. THE LABEL MUST REFLECT THE NAME, STRENGTH, AND DOSAGE OF THE MEDICATION.**
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