

**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 ORIGIN? 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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