ENTRY DATE_____

RICHARDSVILLE ELEMENTARY ENROLLMENT FORM

(Please print & use a pen)

Teacher _____
Bus # _____AM _____PM
Car Rider _____ AM _____ PM
After School Program ❑ Yes ❑ No

Last name_____First Name_____Full Middle Name_____ Grade_____ Sex M❑ F❑

Student S S # | | | | Date of Birth | | | | Entry Code | | Transportation Code | |

Household phone#_____ ❑private Residence Address:_____
Street Apt/Lot # City State Zip

Mailing Address(if different):_____

Parent/Guardian may be asked to provide proof of residency *(deed, mortgage receipt, rent receipt, rental agreement, utility bill, etc.)* ***at the time of enrollment.***

Parent/Guardian 1
Name:_____ Relation to student_____ ❑ Portal Access
Employer:_____Work Phone:_____ ❑ Mailing Access
Cell Phone:_____ E-mail Address:_____

Parent/Guardian 2
Name:_____ Relation to student_____ ❑ Portal Access
Employer:_____Work Phone:_____ ❑ Mailing Access
Cell Phone:_____ E-mail Address:_____
❑ Different address for Guardian 2:_____

Sitter/Day Care:_____ Phone #:_____
Previous School Attended:_____Address:_____Phone #:_____
Have there been:
_____ Any special concerns? (explain)_____
_____ Any medical alerts? (explain)_____

List below any persons living in household (include children attending other schools):

NAME	DOB	SCHOOL (if applicable)	NAME	DOB	SCHOOL (if applicable)
1.			4.		
2.			5.		
3.			6.		

_____ _____
Parent/Guardian Signature Relationship to child

Do not sign this form if any of the statements are incorrect