

# USD #382 - Beyond the Bell Enrollment Form 2018-2019

Child's First/Last Name \_\_\_\_\_ Age \_\_\_\_\_

Gender: M / F      Birth Date: \_\_\_\_\_      Attends: SW, LMS (5<sup>th</sup> grade only)      GR \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Apt. No. City Zip Code

Health Issues: \_\_\_\_\_

**Ethnicity (Check one)**

\_\_\_\_\_ Asian American  
 \_\_\_\_\_ Caucasian American  
 \_\_\_\_\_ African American  
 \_\_\_\_\_ Hispanic American  
 \_\_\_\_\_ Other \_\_\_\_\_

**Primary Language (Check one)**

\_\_\_\_\_ English  
\_\_\_\_\_ Spanish  
\_\_\_\_\_ Other \_\_\_\_\_

**Student Lives with: (check one)**

\_\_\_\_\_ Both Parents                      \_\_\_\_\_ Grandparents  
 \_\_\_\_\_ Mother                              \_\_\_\_\_ Aunt/Uncle  
 \_\_\_\_\_ Father                                  \_\_\_\_\_ Other \_\_\_\_\_

**Other than parents/ guardians, who is allowed to pick up your child(ren) from BTB?**

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

## **Contact Information**

Parent/Guardian

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Employer \_\_\_\_\_

Work phone \_\_\_\_\_

Parent/Guardian

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Employer \_\_\_\_\_

Work phone \_\_\_\_\_

## **Emergency Contact \*\*\*Needs to be different from Parent\*\*\*\***

1. Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

2. Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_