BRANDYWINE COMMUNITY SCHOOLS

Enrollment Package Instructions/Checklist

☐ **Enrollment Form**
Please fill out all the information sections. Make sure you provide complete information including full mailing address.

☐ **Release of Student Records**
This form is required to transfer your child's previous school records.

☐ **Copy of Student's Secondary Transcripts** ***(if applicable)***
Please include a copy of student's most recent high school transcript if available.

☐ **Copy of Student's Immunization Card**
Please include a copy of the current immunization records for each student.

☐ **Birth Certificate**
Please also include a copy of student's Birth Certificate or other official document showing date of birth for verification.

☐ **Proof of Residence**
Please include a copy of a utility bill, renting/purchasing agreement, local or state tax documents, voter registration, or other official document addressed to parent/legal guardian living with student.

☐ **Free and Reduced Meals Form** ***(if applicable)***
If student qualifies for free/reduced lunch, please fill out form.

☐ **Sports Consent/Physical Form** ***(if applicable)***
If student is interested in playing sports, this form must be filled out.

☐ **Special Education Placement Form** ***(if applicable)***
Please fill out if your child is receiving any special education services and attach copy of current IEP.

☐ **Health Appraisal Form** ***(if applicable)***
Health forms are required by law for every public school student. Please fill in highlighted areas only. If medication for student needs to be dispensed while at school, a medication authorization form needs to be completed as well. These forms can be picked up in the main office.

STUDENTS ARE NOT OFFICIALLY ENROLLED UNTIL ALL OF THE COMPLETED FORMS HAVE BEEN SUBMITTED!!

BRANDYWINE ENROLLMENT FORM

Please print clearly with blue or black ink.

STUDENT INFORMATION

Enrollment Date (Date student will actually start): _____

Legal Name of Student: _____
(Last) (First) (Middle)

Preferred Name: _____

Student's Current Address (No P.O. boxes)

Street: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Township/County: _____

Student's Previous Address (No P.O. boxes)

Street: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (___) _____ **Date of Birth:** _____

Student's Birthplace: _____

Gender: ☐ Male ☐ Female **Grade Enrolling In:** _____

If enrolling in Kindergarten, has child attended pre-school? _____ **Where?** _____

PARENT/GUARDIAN INFORMATION

Student lives with: ☐ Both parents ☐ Mother only ☐ Father only ☐ Legal Guardian
☐ Mother/Stepparent ☐ Father/Stepparent

Father's Name: _____

Father's Address (If different from student's)

Street: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone #: (___) _____ **Work Phone #:** (___) _____

Cell Phone #: (___) _____ **E-mail:** _____

Mother's Name: _____

Mother's Address (If different from student's)

Street: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone #: (___) _____ **Work Phone #:** (___) _____

Cell Phone #: (___) _____ **E-mail:** _____

Stepparent/Legal Guardian/Relative's Name: _____

Relation to Student: _____

Stepparent/Legal Guardian/Relative's Address (If different from student's)

Street: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone #: (___) _____ **Work Phone #:** (___) _____

Cell Phone #: (___) _____ **E-mail:** _____

SIBLING INFORMATION

Other Children Living in Household	Age	Relationship to Student	Grade/School Attending/Current Elementary Teacher

EMERGENCY CONTACTS

If a parent cannot be contacted, we will attempt to contact one of the following in the order listed below.

FIRST person to contact if parents/guardian cannot be reached:

Name: _____ **Relationship:** _____
Home Phone: _____ **Cell Phone:** _____
Work Phone: _____

SECOND person to contact if parents/guardian cannot be reached:

Name: _____ **Relationship:** _____
Home Phone: _____ **Cell Phone:** _____
Work Phone: _____

PREVIOUS SCHOOL INFORMATION

Previous School District: _____
Name of Previous School: _____
Address of Previous School: _____
Street: _____
City: _____ **State:** _____ **Zip Code:** _____
School Phone Number: _____ **Fax Number:** _____
Withdrawal Date: _____

Was student expelled/suspended from previous school? ☐ **Yes** ☐ **No**
If yes, reason for expulsion/suspension: _____

Are you enrolling as Schools of Choice? ☐ **Yes** ☐ **No**
If yes, what is the school of residence: _____

NAME OF STUDENT: _____ **Grade:** _____

RACE AND ETHNICITY: (*Note: Both Part A and Part B of the question **MUST** be answered.)*	
Part A:	**Is this student Hispanic/Latino?** *(Choose only one)* ☐ **No, not Hispanic/Latino** ☐ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.	
Part B:	**What is the student's race?** *(Choose one or more)* ☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South American, including Central America.) ☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.) ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa.) ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.) ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)
NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.	

Is your child's native tongue a language other than English?
☐ **Yes** ☐ **No** **What is that language?**_____

Is the primary language used in your child's home or environment a language other than English?
☐ **Yes** ☐ **No** **What is that language?**_____

SPECIAL SERVICES

Has your child been evaluated for and/or participated in any of the following special services?

☐ Gifted & Talented ☐ Title I/Chapter 1 Program ☐ Literacy Program (ILP) ☐ 504 Plan
☐ Special Education (IEP) ☐ English as a Second Language (ESL) ☐ Free/Reduced Meals
☐ Other:_____

If you checked Special Education (IEP), do you have the student's special education records? ☐ Yes ☐ No
If you checked 504 Plan, indicate if plan is for academic or health reasons:_____

By signing this form, you are agreeing that the above information is true and accurate.

_____ _____

Parent/Legal Guardian Signature *Date*