

FORSYTH R-III SCHOOL DISTRICT
P.O. BOX 187
FORSYTH, MO 65653

STUDENT INFORMATION

Last Name		First Name		Middle Name
Birthdate / /	Gender Male Female	Social Security # - -	Grade Level	Cell Phone # () -
Race (Check One) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				

Last Name		First Name		Middle Name
Birthdate / /	Gender Male Female	Social Security # - -	Grade Level	Cell Phone # () -
Race (Check One) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				

Last Name		First Name		Middle Name
Birthdate / /	Gender Male Female	Social Security # - -	Grade Level	Cell Phone # () -
Race (Check One) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				

Last Name		First Name		Middle Name
Birthdate / /	Gender Male Female	Social Security # - -	Grade Level	Cell Phone # () -
Race (Check One) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				

Last Name		First Name		Middle Name
Birthdate / /	Gender Male Female	Social Security # - -	Grade Level	Cell Phone # () -
Race (Check One) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				

Has the student(s) been enrolled in any Special Service classes in the previous school? YES or NO
If yes, which student(s) _____

STUDENT RESIDENCY INFORMATION

911 (Physical) Street Address		City	Zip
Mailing Address (If Different)		City	Zip
Home Phone # () -	With whom are the students living (Mother, Father, Guardian)?	OFFICE USE ONLY Bus Rte: AM ____ PM ____	

Has the student(s) enrolling been placed in the Forsyth School District by the Department of Social Services, Department of Mental Health, or court of competent jurisdiction? ____ (If yes, please provide legal papers)

Are there any other legal documents we should be aware of? ____ If yes, explain: _____

Is English the primary language spoken in the home? _____ If not, what is? _____

HOUSEHOLD PARENT/GUARDIAN INFORMATION

Last Name		First Name		Relationship to Student
Home Phone () -		Cell Phone () -		E-Mail
Employer				Work Phone () -

Last Name		First Name		Relationship to Student
Home Phone () -		Cell Phone () -		E-Mail
Employer				Work Phone () -

NON-RESIDENT PARENT/GUARDIAN INFORMATION

Check here for requested mailings

Last Name		First Name		Relationship to Student
Home Phone () -		Cell Phone () -		E-Mail
Employer				Work Phone () -
Mailing Address			City, State & Zip	

Last Name		First Name		Relationship to Student
Home Phone () -		Cell Phone () -		E-Mail
Employer				Work Phone () -
Mailing Address			City, State & Zip	

EMERGENCY CONTACT INFORMATION (Other than parents/guardians listed above)

Contact Person	Cell Phone () -	Home or Work Phone () -	Relationship to Student
Contact Person	Cell Phone () -	Home or Work Phone () -	Relationship to Student
Contact Person	Cell Phone () -	Home or Work Phone () -	Relationship to Student
Contact Person	Cell Phone () -	Home or Work Phone () -	Relationship to Student

Please print enrolling parent/guardian name _____

Signature _____ Date _____