

**AMHERST SCHOOL DISTRICT
NEW STUDENT ENROLLMENT INFORMATION**

Student _____ **Entry Date** _____
Legal Name _____ **Sex** _____ **Grade** _____ **Homeroom** _____
Last First Complete Middle Name Teacher _____

Mailing Address _____
Street Town State Zip code

Home Address _____
(if different) Street Town State Zip code

Date Of Birth ____/____/____ **Place of Birth** _____
City State

Ethnic Affiliation: _____ 01 – American Indian/Alaskan Native; 02 – Asian/Pacific Islander; 03 – Hispanic;
04 – Black, not of Hispanic Origin; 05 – White, not of Hispanic Origin
(To fulfill state and national requirements for NH Register.)

PARENT/GUARDIAN INFORMATION

Parent 1 Name _____ **Home Address** _____ **Home Phone** _____

Name/Address of Employer _____ **Work phone/ext.** _____

Parent 1 e-mail address _____ **Cell Phone** _____

Parent 2 Name _____ **Address (if different)** _____ **Home Phone** _____

Name/Address of Employer _____ **Work phone/ext.** _____

Parent 2 e-mail address _____ **Cell Phone** _____

Student lives with _____ **Please indicate any language(s) other than English spoken in the home.** _____
(Both parents/Father/Mother/Guardian/Specify other)

Should a copy of report card/progress report be mailed to non-custodial parent? _____

Name and Address of non-custodial parent (if not listed above) _____

MEDICAL ALERT:
(Condition/Allergy/Medication) _____

EMERGENCY INFORMATION

Emergency Contact (other than parent) _____ **Home Phone** _____
Available 8:00-3:30 _____

Address _____ **Relationship** _____ **Work Phone** _____

_____ **I give permission for my child to participate in WALKING field trips in the town area.**
I give permission for Clark/Wilkins School to post photographs of my child on the Clark/Wilkins website.
I give permission for Clark/Wilkins School to share photographs of my child with local newspapers.

This is for the present school year 20____ - 20____ .

PLEASE SIGN BELOW.

Date

Parent/Guardian Signature

NEW STUDENT ENROLLMENT INFORMATION

ENTRY INFORMATION:

AGE AT ENTRY _____

HOW LONG HAVE YOU LIVED IN AMHERST? _____

PREVIOUS SCHOOL ATTENDED
AND ADDRESS _____

SIBLING NAMES AND BIRTH DATES: _____

STUDENT PROGRAM INFORMATION

PLEASE INDICATE IF YOUR CHILD HAS RECEIVED SUPPORTIVE SERVICES OR PARTICIPATED IN SUPPLEMENTAL PROGRAMS IN ADDITION TO HIS/HER REGULAR CLASS PROGRAM.

YES _____ NO _____ IF SO, PLEASE DESCRIBE THE PROGRAM: _____

TEMPORARY HOUSING INFORMATION

TEMPORARY ADDRESS _____

TEMPORARY PHONE # _____

MOVE TO PERMANENT ADDRESS WILL BE COMPLETED ON _____

CUSTODIAL AND RESIDENTIAL INFORMATION: Legal documents must be provided and will be attached.

IS THERE ANY PERTINENT CUSTODIAL INFORMATION?

NO _____ YES _____ IF YES, PLEASE SUMMARIZE:

IS THERE ANY RESTRAINING ORDER INFORMATION?

NO _____ YES _____ IF YES, PLEASE SUMMARIZE:

ARE THERE ANY DISMISSAL RESTRICTIONS? NO _____ YES _____ IF YES, PLEASE SUMMARIZE:

IS THERE A RESTRICTION ON SHARING INFORMATION WITH OTHER PARENT?

NO _____ YES _____ IF YES, PLEASE SUMMARIZE:

DOES THE CHILD RESIDE IN A HOUSE OTHER THAN YOUR OWN FOR ANY PART OF THE WEEK?

NO _____ YES _____ IF YES, PLEASE SUMMARIZE:

