

Gallatin Gateway School Enrollment Form

GALLATIN GATEWAY SCHOOL - ENROLLMENT INFORMATION SHEET

Has this student previously attended school at Gallatin Gateway? Yes ___
No ___
Enrollment Date _____
m/d/y

Student's Legal Last Name Student's First Name

Student's Middle Name Student's Nickname, if any

Student's Birth Date _____

Family E-mail Address _____

Student's Grade Level ____ Student's Gender Male ____ Female ____

Student's Physical Address: _____ City _____ Zip _____

Student's Mailing Address : _____ City _____ Zip _____

Mother's Name _____ Legal Custody: yes no

Mailing Address: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employed by: _____

Father's Name _____ Legal Custody: yes no

Home Phone _____ Cell Phone _____ Work Phone _____

Mailing Address _____ City _____ Zip _____

Employed by: _____

Emergency Contact Person other than Parent/Guardian (1st Choice) _____

Relationship to student: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Person other than Parent/Guardian (2nd Choice) _____

Relationship to student: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Student Lives With: (Circle One):

- 1) Both Parents
- 2) Mother Only
- 3) Father Only
- 4) Guardian
- 5) Mother/Stepfather
- 6) Father/Stepmother
- 7) Other - specify relationship: _____

Previous Participation In: (Circle All Applicable):

- A) Audiology Services
- T) Title
- L) Learning Lab/Special Ed
- G) Gifted & Talented
- S) Speech Services

Ethnic Code: (Circle One):

- Caucasian, non-Hispanic
- Native American
- Hispanic/Latino
- Asian
- Black, non-Hispanic

The school may release: (Circle One):

- 1) No Information
- 2) Phone Only
- 3) Mailing Only
- 4) Both Phone and Mailing

Student's Physician or Clinic (Full Name) _____

Physician/Clinic Phone Number _____

Health Concerns/Allergies - Medications during school _____

*All medications taken at school must have a doctor's note or current medication in the original container, along with parent/guardian signature. Medication must be kept in a locked box in the office and administered by office personnel only.

In case of an emergency, may we call emergency aid personnel? Yes _____ No _____

Student's Day Care Name _____

Day Care Contact Person _____ Phone Number _____

Day Care Address _____

Name of anyone, other than yourself, who might be picking your child up from school:

- 1) _____
- 2) _____
- 3) _____
- 4) _____