

# GALLATIN GATEWAY SCHOOL ENROLLMENT FORM

## Student Info

<b>Legal Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Grade Level</b>		<b>Birthdate</b>		<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Mailing Address</b>			<b>City</b>	<b>Zip Code</b>	
<b>Physical Address</b>			<b>City</b>	<b>Zip Code</b>	

<b>Ethnicity</b>	<input type="checkbox"/> non-Hispanic <input type="checkbox"/> Hispanic
<b>Race</b> Check all that apply	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White
<b>Previous participation in:</b> Check all that apply	<input type="checkbox"/> Audiology Services <input type="checkbox"/> Title I <input type="checkbox"/> Special Education <input type="checkbox"/> Gifted and Talented <input type="checkbox"/> Speech Services <input type="checkbox"/> Other _____
<b>Primary Language spoken at home</b>	<input type="checkbox"/> English <input type="checkbox"/> Other (please specify) _____

## Parent/Guardian Info

<b>Parent/Guardian Name</b>		<b>Relationship</b>
<b>Mailing Address</b>		
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>
<b>Employer</b>		
<b>Email Address</b>		

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<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>
<b>Employer</b>		
<b>Email Address</b>		

Student lives with:  Both parents    Mother only    Father only    Guardian    Mother/Stepdad    Father/Stepmom  
 Other – specify relationship: \_\_\_\_\_

Who has legal custody of the student?  Both parents    Mother only    Father only    Guardian    Mother/Stepdad    Father/Stepmom  
 Other – specify relationship: \_\_\_\_\_

Are there custody/legal concerns?  Yes    No   If yes, please explain \_\_\_\_\_

Is there a legal custody document?  Yes    No   If yes, please provide a copy and explain what type: \_\_\_\_\_

Are there other legal documents?  Yes    No   If yes, please provide a copy and explain what type: \_\_\_\_\_

Permission to take pictures of student and include in school publications?    Yes    No

Permission to release directory information?    Yes    No

## Emergency Contact Info

Emergency contact person, other than parent/guardian – 1 <sup>st</sup> Choice		Relationship
Home Phone	Cell Phone	Work Phone

Emergency contact person, other than parent/guardian – 2 <sup>nd</sup> Choice		Relationship
Home Phone	Cell Phone	Work Phone

In case of emergency, and if school is unable to locate parents or emergency contacts, do you give the school district or emergency aid personnel permission to treat and/or transport your child by ambulance?  Yes  No

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

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

## Health and Medical Info

Y	N		Y	N	
		Allergy			Vision Problems
		Asthma			Glasses/Contacts
		Diabetes			Hearing Problems
		Seizures			Special Diet
		ADD/ADHD			Other:

Physician or Clinic	Phone Number

Is your child taking any medication regularly?  Yes  No Please list: \_\_\_\_\_

Will your child need to take any medication during school?  Yes  No Please list: \_\_\_\_\_

*\*Any child requiring medication at school will need a health care plan and/or a "Permission for Medication to Be Given at School" form completed with physician and parent signatures before medication can be administered by school personnel. Medication must be provided in original container, kept in school office, and administered by authorized personnel only.*

I affirm that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date