

2024-2025 Seneca East Local Schools Enrollment



Student Information

Please complete student information as it appears on the birth certificate.

Last Name		First Name		Middle Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth ____/____/____		Place of Birth	
24-25 Grade Level			Phone number		
Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No		504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Identified Gifted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity (Select all that apply)		<input type="checkbox"/> White <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native	
				<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Native Language:		<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Other: _____	
Complete this box only if the student is entering kindergarten. *A child must be five years of age on or before Aug 1, 2024 to attend kindergarten. How many years did the student attend preschool? _____ Name of most recent preschool: _____					
Complete this box only if the student is transferring into the Seneca East School District. Last district attended: _____ Anticipated start date at SE: _____					

Household Information

Proof of residency required for this address.

Student's Address			
City		State	Zip
County of Residence		District of Residence	
Mailing Address (If different from above)		City	State
Zip			
Residential Parent/Guardian Information (For this address)			
Last Name	First Name		Relationship
Phone Number		Email Address	
Custody of Student: (Select one) *Please provide legal court documents	<input type="checkbox"/> Mother and Father - Legally married <input type="checkbox"/> Mother - Never legally married to biological father <input type="checkbox"/> Father - Never legally married to mother/paternity established through courts* <input type="checkbox"/> Parents legally married but not living together <input type="checkbox"/> Parents legally separated or divorced; residential parent named* <input type="checkbox"/> Shared parenting through divorce or legal separation* <input type="checkbox"/> Grandparent Affidavit/Power of Attorney* <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Other*: _____		
Additional Parent/Guardian Information (If applicable)			
Last Name	First Name		Relationship
Address (If different from above)			

I hereby acknowledge and affirm that I have legal court custody of the above student and that I reside at the address listed.

Signature: _____

Date: _____