



Spiro High School Enrollment

Student's Legal Name: _____ Gender: M / F

Student DOB: _____ Student SSN#: _____

Place of Birth (city) _____ (state) _____

Race 1. Latino ____ 2. African American ____ 3. American Indian ____ 4. Asian ____

5. Caucasian ____ 6. Pacific Islander ____

Grade: _____ IEP: yes ____ no ____

CDIB card: yes ____ no ____

Previous School: (school, city, and state)

Has child been enrolled in Spiro Schools in previous years yes ____ no ____

Health conditions: _____

Student's address: _____

City: _____ State: _____ Zip code: _____

Parent Information:

Primary contact Name: _____

Relationship to student: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone number: _____

Email address: _____

Employer: _____

Work number: _____

Secondary Contact Name: _____

Relationship to student: _____

Telephone number: _____

Email address: _____

Employer: _____

Work number: _____

Additional contact information (this list will be considered persons who can pick up your child and can receive information about them)

Name: _____

Telephone number: _____

Relationship: _____

Name: _____

Telephone number: _____

Relationship: _____

Name: _____

Telephone number: _____

Relationship: _____