

Somers District #29 Enrollment Form



Student Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_

Gender Male  Female

Phone numbers Home \_\_\_\_\_

Cell \_\_\_\_\_

Student cell # (if applicable) \_\_\_\_\_

Please check the phone number you wish to have as your primary contact number

Grade entering \_\_\_\_\_

Homeroom (if known) \_\_\_\_\_

Mother's Name \_\_\_\_\_  
(Last) (First)

Father's Name \_\_\_\_\_  
(Last) (First)

Legal Guardianship  Mother  Father  Other (If other, please explain below, include name and relationship to student)

Siblings (Please include: Name, D.O.B., Current School. Please also include siblings that are not yet school-age.)

Empty box for listing siblings.

Home address \_\_\_\_\_  
(Street) (City/State) (Zipcode)

Is your physical address within the Somers School District Boundaries?  Yes  No

Mailing Address \_\_\_\_\_  
(Street) (City/State) Zipcode

**Second Household information (if applicable)**

Parent Name \_\_\_\_\_  
(Last) (First)

Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street) (City/State) (Zipcode)

**Emergency Alert Phone Numbers**

In case of emergencies or District-Wide announcements, we contact parents/guardians by phone.

Primary Phone Number as Emergency Alert 1  
Add a number for Emergency Alert #2 \_\_\_\_\_  
Add a number for Emergency Alert #3 \_\_\_\_\_

**Ethnicity / Language**

Is the student Hispanic/Latino?

Yes  No  Decline to specify



What is the student's race?

Asian  Black or African American  White Non-Hispanic  
 American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  
 Decline to specify student's race  More than one race

What is the primary language spoken in your home?

English  Other (please specify) \_\_\_\_\_

What is the primary language spoken outside your home?

English  Other (please specify) \_\_\_\_\_

**Additional Demographic Information**

Father's Employer \_\_\_\_\_

Father's Cell/Day Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Mother's Cell / Day Phone \_\_\_\_\_

**Email** \_\_\_\_\_

**Military Dependent Status**

United States Military (Army, Navy, Air Force, Marines or Coast Guard)  
 Active Duty (National Guard)  
 Active Duty – Reserves force of the U.S. Military  
 Transitioning out of active duty to National Guard or Reserve

**Student Housing Information**

Rent/Own my home  
 In emergency/transitional shelter  
 Temporarily w/ another family dues to loss of housing, economic hardship or similar reason  
 In a vehicle of any kind, trailer park/campground/abandoned building or other substandard housing  
 In a hotel/motel due to loss of housing, economic hardship, or similar reason  
 Awaiting foster care placement

**If above situations do not apply or housing is temporary/emergency, please explain where the student is currently living and cause of situation (foreclosure/natural disaster, ect):**

\_\_\_\_\_

\_\_\_\_\_

**Has your student ever been expelled?**  Yes  No (If yes, please explain below)

\_\_\_\_\_



**Transportation**

**How does your child get to school in the morning?**

Walks/ Rides bike  
 Gets dropped off by parent/guardian  
 Rides bus

**How does your child get home in the afternoons?**

Walk/Rides bike  
 Gets picked up by parent/guardian  
 Rides bus



General area of pick-up for bus (i.e. Bierney Creek, White Oak, Lower Valley Rd., ect.) \_\_\_\_\_

Route # (this is also your Bus #) \_\_\_\_\_

**Special Services**

**Does your child qualify or need the following:**

Behavioral Therapy  
 Counseling  
 Current 504 Plan  
 English as a Second Language  
 Title 1 (Presently enrolled in a program for remedial math and/or reading. Choose all that apply)  
     Math                      Reading  
 Special Education (choose all that apply)  
      Current Individual Educational Plan (IEP)  
      Resource Room / Learning Disabled  
      Self-contained  
      Speech  
      Visually Impaired  
      Hearing Impaired  
      Emotional Disturbed  
      Physical Handicap / Physical Therapy  
      Other (please specify \_\_\_\_\_)  
      Vision Problems / Blindness

**Permissions**

**In-District Field Trips**

I hereby give my permission for my child to participate in walking field trips and/or in-district field trips to and from Lakeside Elementary School and Somers Middle School.  
 Yes                       No

**Internet Use**

As the parent or guardian of the student, I have read the Internet Use Agreement. I understand that this access is designed for educational purposes. I recognize it is impossible for Somers School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to Somers School District #29 to issue an account for my child.  
 Yes                       No

**Photography & Use of student work**

I give permission to Somers School District to display my child's photograph and/or written/art work on the District's Facebook page and/or on the District website. (Only first names will be used online)  
 Yes                       No  
 I give my permission for my child's photo to be used in the newspaper.  
 Yes                       No

**I certify that all the information contained within this packet is accurate and completed to the best of my knowledge and belief. I understand that inadequate/incorrect information may result in delayed entry of my student. I acknowledge that by signing below, I am agreeing to the permissions given/denied above.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_