

SCHOOL CITY OF HOBART
STUDENT ENROLLMENT FORM

Date: _____ New Student: _____ Re-enter(Current School Yr): _____ Change of Info: _____

PLEASE PRINT:

1. Last Name: _____ First Name: _____ MI: _____

2. Address: _____

3. Student lives with: Mother _____ Father _____ Stepmother _____ Stepfather _____ Other _____

4. Appropriate Guardianship or Court Order Documents: Submitted _____ Forthcoming _____

5. Name of Parent(s) / Guardian(s) who resides at above address: _____
Name of Parent(s) / Guardian(s) not residing at above address: _____

6. Student Info: Boy _____ Girl _____ Date of Birth _____ Age _____

7. Home Telephone Number: Listed _____ Unlisted _____

8. Cell or Pager Number(s): _____ Email: _____

9. School: (circle one) ELC JM LIB RV MS HS

10. If applicable school(s) student attended in the last year: _____
Address, City, ST, Zip, Phone: _____
Address, City, ST, Zip, Phone: _____

11. Have you attended Hobart Schools before? (circle one) YES or NO

12. Has student received special services at previous school (e.g. Title I, Special Ed., ELL, Full Day Kdgn.) (circle one) YES or NO
List: _____

13. Grade level for current school year: _____

14. Racial/Ethnic Category: (for Dept. of Education reporting purposes)
____ American Indian or Alaskan Native ____ Native Hawaiian or Other Pacific Islander
____ Black ____ White
____ Asian

15. Is this student Hispanic or Latino? (circle one) YES or NO

RACIAL/ETHNIC DEFINITIONS (In accordance with the IN Department of Public Instruction, Division of Education Research, Form DOE-PE)

16. Place of Birth (city and state): _____

Signature of Adult Enrolling the Student: _____
Relationship to the Student: _____
Signature of School Staff Member: _____