

MERCER COUNTY SCHOOLS ENROLLMENT/CHECK-OUT FORM

STUDENT INFORMATION (PLEASE PRINT)

Student Last Name	Student First Name	Student Middle Name	Date of Birth	Sex <input type="checkbox"/> F <input type="checkbox"/> M
OneCall Phone Number () _____				
Address	Apt	City	State	Zip Code
(Check only if applicable) <input type="checkbox"/> Shelter <input type="checkbox"/> Motel <input type="checkbox"/> House or apartment shared with friends or family members				
Student Mailing Address: (if different) _____ (City) _____ (State) _____ (Zip) _____ <small>(Street or PO Box and Apt #)</small>				

PARENT/GUARDIAN #1

Military Connections: Start Date: _____ **Status** _____ **Branch** _____

Does this parent/guardian have joint custody? _____ Should this parent/guardian receive school mailings? _____

Guardian Last Name	Guardian First Name	Guardian Middle Name	Date of Birth	Sex <input type="checkbox"/> F <input type="checkbox"/> M
Driver's License # _____				
Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____		Is Guardian former MCS student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Guardian lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cell Phone	Other Phone	Work Phone	Guardian Email Address	
Mailing Address (If student not living with guardian)	Apt	City	State	Zip Code

PARENT/GUARDIAN #2

Military Connections: Start Date: _____ **Status** _____ **Branch** _____

Does this parent/guardian have joint custody? _____ Should this parent/guardian receive school mailings? _____

Guardian Last Name	Guardian First Name	Guardian Middle Name	Date of Birth	Sex <input type="checkbox"/> F <input type="checkbox"/> M
Driver's License # _____				
Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____		Is Guardian former MCS student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Guardian lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cell Phone	Other Phone	Work Phone	Guardian Email Address	
Mailing Address (If student not living with guardian)	Apt	City	State	Zip Code

"As the legal guardian, I hereby request that the following individuals also represent my child in educational decision making (e.g. step-parents, grandparents, etc.). Only those listed here will be granted access to teacher conferences and confidential academic, behavioral, and other school information.

Name _____

Relationship to child _____

Name _____

Relationship to child _____

Legal guardian Signature _____ Date _____

Other Children attending Mercer Co Schools Living in Same Household as Student

Name _____ School _____ Birthdate _____
Name _____ School _____ Birthdate _____
Name _____ School _____ Birthdate _____

Name _____ School _____ Birthdate _____
Name _____ School _____ Birthdate _____
Name _____ School _____ Birthdate _____

If there is anyone NOT ALLOWED access to this student, list their name and relationship: (Legal documentation MUST be provided to the school.)

Name: _____ Relationship to student _____

LIST BELOW THE PERSONS WHO MAY CHECK OUT YOUR CHILD FROM SCHOOL.

Your child will be released to anyone listed below and/or parent guardian listed on other side. Include Parent/Guardian Information

Name: _____ Relationship to student _____ Phone # _____
Driver's License # _____

Name: _____ Relationship to student _____ Phone # _____
Driver's License # _____

Name: _____ Relationship to student _____ Phone# _____
Driver's License# _____

Name: _____ Relationship to student _____ Phone# _____
Driver's License# _____

Name: _____ Relationship to student _____ Phone# _____
Driver's License# _____

I certify the above information is correct and understand that I must contact the school with any changes.

Signature

Date