

Enid High School
Student Enrollment Form

Has student ever attended Enid Public Schools? _____ If so, when and where? _____
Previous Student ID Number _____

Student's Legal Name _____ **Grade** _____
Last First Middle

Student's Address _____
Number and Street City State Zip

Home Phone Number _____ **Birth Date** ____/____/____ **Gender**(Circle One) Male Female

Ethnicity(Circle One) White Asian Native Hawaiian/Other Pacific Islander
Black or African American American Indian or Alaskan Native Hispanic

Place of Birth _____ **SSN** _____
City State Country

Primary Language spoken by student _____ Primary language spoken in home _____

Birth Country or US State _____ First Date In US Schools ____/____/____ EHS Entry Date ____/____/____

CONTACT INFORMATION (Legal Parent/Guardian)

#1 _____ Relationship _____
Father or Male Guardian

Does child reside with you? Y N

Home Phone _____ Cell Phone _____ Work Phone _____ Employer _____

Address _____ Email _____

#2 _____ Relationship _____
Mother or Female Guardian

Does child reside with you? Y N

Home Phone _____ Cell Phone _____ Work Phone _____ Employer _____

Address _____ Email _____

EMERGENCY CONTACTS (Other Than Parents/Guardian)

#1 _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

#2 _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

PREVIOUS SCHOOL INFORMATION

Name and address of last school attended _____

Has student been in any type of special program(s)? (Check all that apply) ___ Gifted/Talented ___ Special Ed (IEP)
___ ELL (2nd Language Students)

Parent's Signature _____ Counselor's Signature _____

Date _____

STUDENT'S NAME _____

1st Semester

2nd Semester

1 st Semester		2 nd Semester	
Subject	4-Digit Code	Subject	4-Digit Code
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	