

Enrollment/Emergency/Trip Notification Form
McGuffey Foundation School

(Please fill out both pages and return on the first day of school.)

Student Name: _____ **Age:** _____ **Date of Birth:** ____/____/____

Entry date this year: _____ Grade _____ Religious Preference (optional): _____

U.S. Citizen? Yes ___ No ___ If NO, county of citizenship _____

Ethnic Origin (please circle): Asian Black Hispanic Multiracial Native American Indian White Other

Student's Place of Birth: _____ Mother's Maiden Name: _____

Name/address of last school attended: _____

Grades: ____ through ____ Date: _____ to _____ Did your child receive special services? Yes ___ No ___

If yes, what services were received? ___Speech ___LD ___CD ___MH ___ SED ___Gifted ___Title ___ESL

Other program? If so, please specify _____

Has your child attended (check those that apply); ___ preschool ___ half-day kindergarten ___ f ull-day kindergarten

School District in which you reside _____ To which public school would your child go? _____

Parent1 Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____
(street) (city) (state) (zip)

Name of employer: _____ Work Phone: _____

Address of Workplace: _____ Occupation: _____

Does child live with? ___ Yes ___ No Email Address: _____

Parent2 Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____
(street) (city) (state) (zip)

Name of employer: _____ Work Phone: _____

Address of Workplace: _____ Occupation: _____

Does child live with? ___ Yes ___ No Email Address: _____

CUSTODY; If parents are divorced, or separated, who is the residential parent? _____

We are required to have custody papers from the court on file. Are these on file? ___ Yes ___ No

If there is a schedule for shared custody, please detail it here to alleviate confusion in illness and for transportation:
