



Geyserville Unified School District Enrollment Form

Enrollment Date _____

STUDENT'S LEGAL NAME

CURRENT GRADE

Last First Middle Sex: M/F/Non-Binary

Mailing Address City Zip Code

Residence Address City Zip Code

| | | |
|------------|-----|------|
| BIRTHDATE: | | |
| Month | Day | Year |

PARENT(S)/GUARDIANS(S) INFORMATION:

Mother Home Phone Work Phone Cell Phone

Father Home Phone Work Phone Cell Phone

Mother Email Address Father Email Address

STUDENT IS LIVING WITH: *(check all that apply)*

- father
- step-father
- guardian (male)
- foster-father
- other
- mother
- step mother
- guardian (female)
- foster-mother

STATUS OF PARENT(S)

- married
- separated
- divorced
- deceased

PARENT(S) OR GUARDIAN(S) EDUCATION:

- (1) Not High School Graduate
- (2) High School Graduate
- (3) Some College
- (4) Grad School/PostGrad Training
- (5) Decline to State

| | |
|------------------------|------------------------|
| Mother (guardian 1) | Father (guardian 2) |
| | |

SPECIAL PROGRAMS: *(check all that apply)*

- SDC
- Past
- Present
- Speech
- Past
- Present
- RSP
- Past
- Present
- GATE
- Past
- Present
- Other
- Past
- Present

HEALTH INFORMATION:

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Moderate Asthma | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Severe Asthma | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Headaches | <input type="checkbox"/> Kidney Disease | |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Speech | |
| | | <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | |

Medication

What? When? Why?

*I understand that I need to have a complete AUTHORIZATION FOR ADMINISTERING MEDICATION form on file in the office for my child to be given **any** medication.*

SIBLINGS LIVING IN YOUR HOME:

Name Birthdate Name Birthdate

Name Birthdate Name Birthdate

IMMUNIZATIONS: *(school use only)*

Requirements Met YES NO

Discipline: Any previous expulsions, or ever brought up for expulsion?

YES NO Explain: _____

COURT ORDER *(must have copy on file.)*

PARENT/GUARDIAN SIGNATURE

DATE