

**SCHOOL CITY OF HOBART
STUDENT ENROLLMENT FORM – GRADES K-12**

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**) GE LIB HS MS JM GE RV St. Bridget Trinity

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: _____