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:_____ Language(s) spoken at home:_____

14. Racial/Ethnic Category: (for Dept. of Education reporting purposes) (**Check only one**)
___American Indian or Alaskan Native
___Black, not of Hispanic Origin
___Asian or Pacific Islander American
___Spanish surnamed American Hispanic
___White, not of Hispanic Origin
___Multi-Racial
RACIAL/ETHNIC DEFINITIONS (In accordance with the IN Department of Public Instruction, Division of Education Research, Form DOE-PE)

15. Place of Birth (**city and state**):_____

Signature of Adult Enrolling the Student:_____
Relationship to the Student:_____
Signature of School Staff Member:_____

The School City of Hobart does not discriminate on the basis of race, creed, sex, color, national origin, religion, age, sexual orientation, marital status, genetic information or disability, including limited English proficiency.