



CAPE HENLOPEN SCHOOL DISTRICT – ENROLLMENT FORM

School: _____ Date of Enrollment: _____ Grade: _____

STUDENT INFORMATION

Student Name: _____,
(Last) (First) (Middle)

Date of Birth: _____ State of Birth: _____ Female Male

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Ethnic Origin: NO, my child is not Hispanic or Latino YES, my child is Hispanic or Latino-a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race

Mailing Address: _____ Physical Address: Same as Mailing Address

Development: _____

Home/Primary phone # _____

Will the student ride a bus to school: NO YES, where from/to: AM: _____ PM: _____

HEALTH CONCERNS: Does the student take any medication(s) or have health concerns we should be aware of? NO YES

If yes, please explain: _____

McKinney-Vento Eligibility: * Is the student/family in a temporary living arrangement? NO YES
* If "yes", is the temporary living arrangement due to loss of housing or economic hardship? NO YES
* Is the student in foster care? NO YES

FAMILY INFORMATION

Student resides with: Both Parents Father Mother Step Father Step Mother Guardian(s)* Relative Caregiver*
*Custody Order or Relative Caregiver Affidavit must be attached to registration form – Required prior to attendance

Legal Guardian(s): Father Mother Step Parent Guardian Other Father Mother Step Parent Guardian Other

Name: _____

Address: _____

Home phone #: _____

Cell phone #: _____

Employer: _____

Work phone #: _____

Email Address: _____

Name & ages of other children living in the home: _____

Emerg. Contacts: _____

Emerg. Phone #: _____

