

Ashby Public School District No. 0261

Student Enrollment Form

Please Complete All Information Requested Below



Ashby Public School

Student Name _____ M F Mars # _____
Last First Middle Sex (Office Use)

Student Address _____
Street City State Zip Po Box

Student Birthday _____ Grade _____ Phone (_____) _____ - _____
Month / Day / Year

Student is living with: _____ Both Parents _____ Father _____ Mother _____ Guardian _____ Other Relative _____ Mother / Step Father
 _____ Father / Step Mother _____ Foster Parent _____ Alone _____ Other (Specify name & relationship) _____

Father's Name _____	Mother's Name _____
Address _____	Address _____
Employer _____	Employer _____
Cell Phone _____	Cell Phone _____
Home Phone _____	Home Phone _____
Email _____	Email _____

Please List All Other Living in Household:

Name	Birth Date (Mo / Day / Yr)	Sex (M - F)	Relationship (To head of household)	School (If Attending)	Grade

Emergency Contact # 1 (other than parent)

_____	_____	_____
<small>Last</small>	<small>First</small>	<small>Relationship to Student</small>
Home Phone _____	Cell phone _____	Work Phone _____

Emergency Contact # 2 (other than parent)

_____	_____	_____
<small>Last</small>	<small>First</small>	<small>Relationship to Student</small>
Home Phone _____	Cell phone _____	Work Phone _____