

**Ashby Independent School District No. 0261
STUDENT ENROLLMENT FORM**

PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW

Student Name _____ M F Marss# _____ (office use)
Last First Middle Sex

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 and relationship) _____

| | |
|--------------------|--------------------|
| Fathers Name _____ | Mothers Name _____ |
| Address _____ | Address _____ |
| Employer _____ | Employer _____ |
| Cell phone _____ | Cell phone _____ |
| Home phone _____ | Home phone _____ |

PLEASE LIST BELOW ALL OTHER LIVING IN HOUSEHOLD

| Name | Birth date (Mo/Day/Yr) | Sex (M-F) | Relationship (to Head of House) | School (If Attending) | Grade |
|------|---------------------------|--------------|------------------------------------|--------------------------|-------|
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#1-Emergency Contact (other than parent):

Last First Relationship to Student

Home Phone: _____ Work Phone: _____

Cell Phone: _____

#2-Emergency Contact (other than parent):

Last First Relationship to Student

Home Phone: _____ Work Phone: _____

Cell Phone: _____