

Enrollment Form for Fowler Jr/Sr High

First Name:		Middle:		Last Name:	
Preferred Name:		Grade:		Birth Place:	
Race:		Asian		Native Hawaiian/Pac Islander	
Hispanic/Latino? Yes No (underline one)		Gender:		Home Lang.:	
Access Internet?		Cell #		Email:	
PRIMARY HOUSEHOLD (STUDENT RESIDES AT)					
Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:
<i>Information for adults living at the above address.</i>					
Name:		Relationship:		Employer:	
Work #		Cell #		POL Account: Receive Printed Mailings:	
Email:		Wk Email:		Home #	
Name:		Relationship:		Employer:	
Work #		Cell #		POL Account: Receive Printed Mailings:	
Email:		Wk Email:		Home #	
ALTERNATE HOUSEHOLD (NON CUSTODIAL)					
Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:
<i>Information for adults living at the above address.</i>					
Name:		Relationship:		Employer:	
Work #		Cell #		POL Account: Receive Printed Mailings:	
Email:		Wk Email:		Home #	
Name:		Relationship:		Employer:	
Work #		Cell #		POL Account: Receive Printed Mailings:	
Email:		Wk Email:		Home #	
ALTERNATE HOUSEHOLD (NON CUSTODIAL)					
Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:
<i>Information for adults living at the above address.</i>					
Name:		Relationship:		Employer:	
Work #		Cell #		POL Account: Receive Printed Mailings:	
Email:		Wk Email:		Home #	
Name:		Relationship:		Employer:	
Work #		Cell #		POL Account: Receive Printed Mailings:	
Email:		Wk Email:		Home #	
EMERGENCY CONTACTS: Enter additional contacts not listed above.					
Name:		Relationship:		Email:	
Home #		Work #		Cell #	
Name:		Relationship:		Email:	
Home #		Work #		Cell #	
Name:		Relationship:		Email:	
Home #		Work #		Cell #	
Emergency Medical Information					
Physician:		Phone:		Hospital:	
Medical Notes:					
Daycare Information (if applicable)					
Provider:				Phone:	
SIBLINGS (other students living at same address)					
First Name	Middle Name	Last Name	Grade	Birthdate	School Name

Completed By: _____ Signature: _____ Date: _____