

**Appendix B:** Pupil Enrollment and Withdrawal Forms (following pages)

Pupil Enrollment Form

Pupil's Name \_\_\_\_\_ Address \_\_\_\_\_

                    Last                      First                      MI  
Date Entered \_\_\_\_\_ Grade Entered \_\_\_\_\_ Race \_\_\_\_\_ Circle One: Male Female

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of entry \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Clyde	<input type="checkbox"/>
Lyons	<input type="checkbox"/>
NRW	<input type="checkbox"/>

**Natural Parents:**

Father

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Place of Work \_\_\_\_\_

Current Occupation \_\_\_\_\_

Highest Level of Education (Please circle one.)  
1. Some High School  
2. GED  
3. High School Graduate  
4. Some College  
5. College Graduate (2 years, 4 years, or more)

Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Place of Work \_\_\_\_\_

Current Occupation \_\_\_\_\_

Highest Level of Education (Please circle one.)  
1. Some High School  
2. GED  
3. High School Graduate  
4. Some College  
5. College Graduate (2 years, 4 years, or more)

**Legal Guardian(s)/Step-Parent(s) (only if different than above):**

Father

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Place of Work \_\_\_\_\_

Current Occupation \_\_\_\_\_

Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Place of Work \_\_\_\_\_

Current Occupation \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

With whom is the student living? \_\_\_\_\_

If other than natural parent(s) or legal guardian(s). state nature of relationship: \_\_\_\_\_

Sister(s) Name(s) and Birthdate/Age(s) \_\_\_\_\_

Brother(s) Name(s) and Birthdate/Age(s) \_\_\_\_\_

Schools Attended in the Last Four Years (beginning with school last attended):			Enrollment Data	
School Name	District Name	State	Date Enrolled	Date Withdrew

**Reason for entry/transfer:**

Did the student change residence in connection with changing schools? (circle one):    YES    NO  
 If yes, list place of last residence:    City/Town \_\_\_\_\_ State \_\_\_\_\_

Is the Student currently (check as applicable):	YES	NO	Info not A
A Migrant Student:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited English Proficiency:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Lunch Eligible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced Lunch Eligible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving AIS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving Special Ed Services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have an IEP on file:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Clyde
- Lyons
- NRW

Pupil's Name \_\_\_\_\_ New Address \_\_\_\_\_  
Last First MI

Date Entered \_\_\_\_\_ Date Withdrew \_\_\_\_\_ Grade Entered \_\_\_\_\_ Grade Withdrew \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Circle One: Male Female Race \_\_\_\_\_

<b>Natural Parents:</b>	
<u>Father</u> Name _____ Address _____ Phone # _____ Place of Work _____ Current Occupation _____	<u>Mother</u> Name _____ Address _____ Phone # _____ Place of Work _____ Current Occupation _____
Highest Level of Education (Please circle one.) 6. Some High School 7. GED 8. High School Graduate 9. Some College 10. College Graduate (2 years, 4 years, or more)	Highest Level of Education (Please circle one.) 6. Some High School 7. GED 8. High School Graduate 9. Some College 10. College Graduate (2 years, 4 years, or more)
<b>Legal Guardian(s)/Step-Parent(s) (only if different that above):</b>	
<u>Father</u> Name _____ Address _____ Phone # _____ Place of Work _____ Current Occupation _____	<u>Mother</u> Name _____ Address _____ Phone # _____ Place of Work _____ Current Occupation _____

With whom is the student living? \_\_\_\_\_

If other than natural parent(s) or legal guardian(s), state nature of relationship: \_\_\_\_\_

Sister(s) Name(s) and Birthdate(s) \_\_\_\_\_

Brother(s) Name(s) and Birthdate(s) \_\_\_\_\_

Schools Attended in the Last Four Years:			Enrollment Data	
School Name	District Name	State	Date Enrolled	Date Withdrew

**Reason for Withdrawal:**

Did the student change residence in connection with changing schools? \_\_\_\_\_

If yes, list place of last residence: \_\_\_\_\_  
City State

A Migrant Student:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited English Proficiency:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Lunch Eligible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced Lunch Eligible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving AIS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving Special Ed Services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have an IEP on file:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>