

Date Received: _____

Teacher: _____

**USD 382 "BEYOND THE BELL"
2008 Enrollment Form**

Last Name _____ **First Name** _____ **Gender: M / F**

Address: _____

Phone: _____

Street, Apt. No.

City

Zip Code

School: SW, HES, SH **Grade:** _____ **Age:** _____ **Birth Date:** _____ **Social Sec. No.** _____

Ethnicity (Check one)

- ____ Asian American
- ____ Caucasian American
- ____ African American
- ____ Hispanic American
- ____ Other _____

Primary Language (Check one)

- ____ English
- ____ Spanish
- ____ Other _____

Health Issues: (please describe)

BTB: SW (K-5)

HES (K-3)

PM 3:20-5:30 Mon., Tues., Wed., Thurs., Fri.

Transportation: I will pick my child up by 5:30 _____
My child will ride the BTB bus to Iuka at 5:00 pm. _____
My child will ride the BTB bus to Preston at 5:00 pm. _____
My child may walk home (3rd grade and above). Less than 4 blocks. _____

Parent/Guardian Signature

Date

Date Received: _____

Teacher: _____

Parent/Guardian:

Last Name _____ First Name _____ Relationship: _____

Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian:

Last Name _____ First Name _____ Relationship: _____

Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: (Needs to be different from Parent)

1. Last Name _____ First Name _____ Relationship: _____

Home No: _____ Work Phone: _____ Cell Phone: _____

2. Last Name _____ First Name _____ Relationship: _____

Home No: _____ Work Phone: _____ Cell Phone: _____