

Enrollment Form for CHERAW SCHOOLS

First Name:	Middle:	Last:	
Preferred Name:	Grade:	Birth Place:	DOB:
Race:	Amer. Indian or Alaska Native	Asian	Black or African American
		Native Hawaiian/Pac Islander	White (circle one)
Hispanic/Latino? Yes No	Gender:	Home Lang.:	
Access Internet?	Cell #	Email:	

PRIMARY HOUSEHOLD (STUDENT RESIDES AT)

Mailing:		Street:			
City:	State:	Zip:	City:	State:	Zip:

Information for adults living at the above address.

Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:		Home #
Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:		Home #

SIBLINGS (other students living at same address)

First Name	Middle Name	Last Name	Grade	Birthdate	School Name

ALTERNATE HOUSEHOLD (NON CUSTODIAL)

Mailing:		Street:			
City:	State:	Zip:	City:	State:	Zip:

Information for adults living at the above address.

Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:		Home #
Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:		Home #

EMERGENCY CONTACTS: Enter additional contacts not listed above.

Name:	Relationship:	Email:
Home #	Cell #	Work #
Name:	Relationship:	Email:
Home #	Cell #	Work #
Name:	Relationship:	Email:
Home #	Cell #	Work #

Emergency Medical Information (Please fill out completely)

Physician:	Phone:	Address:
Dentist:	Phone:	Address:
Hospital:	Phone:	Address:

Completed By: _____ Signature: _____ Date: _____