

Ashby Public School District No. 0261

Student Enrollment Form

Please Complete All Information Requested Below



Ashby Public School

Student Name _____ M F Mars # _____ (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) _____

Father's Name _____ Mother's Name _____
 Address _____ Address _____
 Employer _____ Employer _____
 Cell Phone _____ Cell Phone _____
 Home Phone _____ Home Phone _____
 Email _____ Email _____

Please List All Other Living in Household:

Name	Birth Date (Mo / Day / Yr)	Sex (M - F)	Relationship (To head of household)	School (If Attending)	Grade

Emergency Contact # 1 (other than parent)

_____ Relationship to Student
Last First
 Home Phone _____ Cell phone _____ Work Phone _____

Emergency Contact # 2 (other than parent)

_____ Relationship to Student
Last First
 Home Phone _____ Cell phone _____ Work Phone _____