

# Norfolk Public Schools

Student Census/Enrollment Information

School: \_\_\_\_\_

School Year: \_\_\_\_\_

## STUDENT INFORMATION - Please print

Student Legal Name (as on Birth Certificate): \_\_\_\_\_ Name Used: \_\_\_\_\_  
Last First Middle Initial (if different)

Grade: \_\_\_\_\_ Gender:  M  F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month / Day /Year City, State, Country

Home Address: \_\_\_\_\_ Apt/Bldg.: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

**RACE/ETHNICITY** - Please answer BOTH questions 1 and 2:

1. Are you Hispanic or Latino? (choose only one)  
 No, not Hispanic or Latino  
 Yes, Hispanic or Latino

2. What is your race? (choose one or more)  
 American Indian or Alaska Native  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 Asian  
 White

What is the primary language spoken in the home? \_\_\_\_\_ Would you like to receive correspondence in  English  Spanish

## SCHOOL INFORMATION

Previous School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_ City, State: \_\_\_\_\_

Has student attended an NPS School before?  No  Yes - School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Do you live more than 4 miles from the nearest public school that you could attend?  No  Yes

List the **first time** the student was enrolled in **any school in the US** (including preschool and kindergarten) \_\_\_\_\_  
Month / Year Grade

## STUDENT LIVES WITH: (check ALL that apply)

Mother  Father  Stepfather  Stepmother  Foster Parents  Relatives \_\_\_\_\_  Other \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION (use reverse side if needed)

Please provide legal documents if there are any legal restrictions on who should have access or contact with this student.

#1 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Can Contact Student?  Yes  No  
 Responsible for Student?  Yes  No  
 Home Address: \_\_\_\_\_ SAME AS STUDENT Home Phone: \_\_\_\_\_ SAME AS STUDENT Receive Mailings?  Yes  No  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Access to Parent Portal?  Yes  No  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Can Receive Text?  Yes  No

#2 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Can Contact Student?  Yes  No  
 Responsible for Student?  Yes  No  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Receive Mailings?  Yes  No  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Access to Parent Portal?  Yes  No  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Can Receive Text?  Yes  No

#3 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Can Contact Student?  Yes  No  
 Responsible for Student?  Yes  No  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Receive Mailings?  Yes  No  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Access to Parent Portal?  Yes  No  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Can Receive Text?  Yes  No

## ALL ADDITIONAL CHILDREN (under 19 years of age) LIVING IN THIS HOME (use reverse side if needed)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F School: \_\_\_\_\_

## EMERGENCY CONTACTS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PRIMARY CARE PHYSICIAN

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

## FOR OFFICE USE ONLY:

Date Registered: \_\_\_\_\_ Registered by: \_\_\_\_\_ Certified Birth Certificate Furnished: \_\_\_\_\_ Option: \_\_\_\_\_ Boundary Exception: \_\_\_\_\_ Home Sch: \_\_\_\_\_ Res Dist#: \_\_\_\_\_