

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: _____

Is English the student's second language? No Yes Does the student have an Individual Education Plan (IEP) No Yes

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#: _____