

Plainview Public Schools

Student Enrollment Form

Student's Legal Name _____
(First) (Middle) (Last) (Preferred Name)

Birthdate _____ Place of Birth City & State/Country: _____ Male or Female

Grade _____ If Born Outside of U.S., Entry Date in U.S. _____ First Date in U.S. Schools: _____

Last School Attended _____ SS# _____ - _____ - _____
(School) (City & State)

Other Services: IEP _____ 504 Plan _____ Speech _____ Gifted/ Talented _____

Student's Legal Name _____
(First) (Middle) (Last) (Preferred Name)

Birthdate _____ Place of Birth City & State/Country: _____ Male or Female

Grade _____ If Born Outside of U.S., Entry Date in U.S. _____ First Date in U.S. Schools: _____

Last School Attended _____ SS# _____ - _____ - _____
(School) (City & State)

Other Services: IEP _____ 504 Plan _____ Speech _____ Gifted/ Talented _____

Student's Legal Name _____
(First) (Middle) (Last) (Preferred Name)

Birthdate _____ Place of Birth City & State/Country: _____ Male or Female

Grade _____ If Born Outside of U.S., Entry Date in U.S. _____ First Date in U.S. Schools: _____

Last School Attended _____ SS# _____ - _____ - _____
(School) (City & State)

Other Services: IEP _____ 504 Plan _____ Speech _____ Gifted/ Talented _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

My signature certifies that I am the legal guardian and all information provided is accurate and true. The child resides with me, and our residence is in Plainview School District. My signature also serves as a permission to release all school records to the new school including any records used by special services.

Parent or Guardian Signature

Date

Date Enrolled: _____ Bus #: _____
Office Use Only

Complete Backside

