

2020-21

Boyd County School Enrollment Form

Student's name _____

Birthdate _____

Mailing Address _____

Mother's Name _____

Address _____

Email Address _____

Home Phone # _____

Employer's Name & Phone# _____

Cell Phone # _____

Father's Name _____

Address _____

Email Address _____

Home Phone # _____

Employer's Name Phone# _____

Cell Phone # _____

Emergency contacts – Name, relationship to student, & phone numbers

1) _____

2) _____

Which Elementary Campus will your child attend? BC Butte BC Lynch

Medical Doctor – Name & phone number

Dentist – Name & Phone number

Is your child allergic to anything? If so, What?

What medical problems or special considerations does your child have?

Was your child's birth premature (less than 9 months)?

Yes No

Ethnicity of Student

Spanish/Hispanic/Latino

Not Spanish/Hispanic/Latino

Race of Student – Mark all that apply

White

Asian

Black or African American

Some other Race

Native Hawaiian or Other Pacific

Unknown

Islander

American Indian or Alaska Native

What language did your child first learn to speak? _____

What language is spoken most often by your child? _____

What language does your child most frequently speak at home? _____

Second Parent Information:

Step-Parent #1 _____

Address _____

Email Address _____

Home Phone # _____

Employer's Name & Phone# _____

Cell Phone # _____

Step-Parent #2 _____

Address _____

Email Address _____

Home Phone # _____

Employer's Name & Phone# _____

Cell Phone # _____

Please list names of other children in household: Name-Gender-Grade-Date of Birth

With whom does the child reside? _____

Is there someone who should NOT pick up your child from school? _____