



Lincoln – Longfellow – Washington  
Elementary Schools  
Enrollment Information

Date of Enrollment \_\_\_\_\_ Grade \_\_\_\_\_ Distance from home to school \_\_\_\_\_

Pupil's LEGAL Name \_\_\_\_\_  
Last First Middle

Optional

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Age \_\_\_\_\_ Birthplace \_\_\_\_\_  
City State

Mother

Father

Parent/Guardian Name \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Place of Work \_\_\_\_\_

Work Phone # \_\_\_\_\_

Marital Status: Married  Separated  Divorced

Custodial Parent: Yes  No  Custodial Records on File: Yes  No

# of Children in Family: \_\_\_\_\_ Girls Ages \_\_\_\_\_ Boys Ages \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

**Person to call if parent not available: (Very Important)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

The following have permission to pick up my child from school:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Medical problems possibly requiring treatment: (epilepsy, allergies, etc.)

\_\_\_\_\_

Legal Guardian's Signature

Date

**Office Use Only:**  
Bus # \_\_\_\_\_ CP  Yes  No