



Central High School
Student Enrollment Information

Homeroom Teacher: _____ Office Use Only

Has Your Child Previously Attended Portage Public Schools: Yes No Grade Level: _____ Date: _____

STUDENT NAME: _____ Male Female
(Last) (First) (MI) (Nickname-optional)

HOME ADDRESS: _____
(Street Address) (City) (State) (Zip)

Is this your permanent address? Yes No Phone: _____ Is this an **unlisted** number? Yes No

Is the mailing address the same as the home address above? Yes No (if you checked NO, complete mailing address information)

MAILING ADDRESS: _____
(Street Address) (City) (State) (Zip)

Birthdate: _____ City of Birth: _____ If Multiple birth, please indicate order of birth _____

Ethnicity: Do you consider this student multi-racial? Yes No
(If you checked yes, please enter percentages for each ethnicity. If you said no, please check appropriate ethnicity.)
____ American Indian ____ Asian ____ African American
____ Hispanic/Latino ____ Pacific Islander ____ Caucasian

Bilingual Home Environment: Yes No If yes, List...
Primary Home Language: _____ Secondary: _____

Student E-mail: _____

Was your student expelled from another district? Yes No

Last School Attended: _____

Is your student currently receiving special services? Yes No If Yes, please describe: _____

STUDENT RESIDES WITH

Name: _____ Relationship to Student: _____

Place of Employment: _____ Work Hours: _____ Work Phone: _____

Cell Phone: _____ Pager: _____ E-mail Address: _____

Name: _____ Relationship to Student: _____

Place of Employment: _____ Work Hours: _____ Work Phone: _____

Cell Phone: _____ Pager: _____ E-mail Address: _____

EMERGENCY CONTACTS

Name: _____ Relation to Student: _____ Phone #1: _____ Phone #2: _____

Name: _____ Relation to Student: _____ Phone #1: _____ Phone #2: _____

Daycare Provider - Name: _____ Phone: _____ Address: _____

PARENTS LIVING AT OTHER ADDRESSES

Name: _____ Relationship to Student: _____

Address: _____ Phone: _____
(Street Address) (City) (State) (Zip)

E-mail Address: _____ Include this address in school mailings? Yes No

**** STUDENT WILL BE RELEASED ONLY TO THOSE PERSONS LISTED ABOVE (PARENT/GUARDIAN THEY RESIDE WITH, EMERGENCY CONTACTS, OR PARENTS AT OTHER ADDRESSES). ANY DEVIATION FROM THIS LIST REQUIRES PARENT/GUARDIAN CONSENT. ****

OTHER SIBLINGS AT HOME

Name	M / F	Birthdate	School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDICAL INFORMATION

Student's Physician: _____ Address: _____

Physician's Phone Number: _____ Hospital Preference: _____

Student's Dentist: _____ Dentist's Phone Number: _____

Does the student take medication regularly? Yes No If yes, the name(s) of the medication? _____

Will the medication need to be administered at school? Yes No If yes, are medication forms on file? Yes No

Does the student have any health condition or allergy (including food allergies) that the school should be aware of? Yes No

If yes, please explain: _____

MEDICAL TREATMENT CONSENT

As parent/guardian of the above student, I give my consent for emergency care, including ambulance transportation and hospital services, in the event that I am unavailable. I GIVE MY CONSENT FOR MEDICAL TREATMENT AS STATED. Yes No

PICTURE RELEASE CONSENT

I give my consent for my child's picture(s) to be used in school/community publications as deemed appropriate by the school. Yes No

OPT OUT OF DIRECTORY LISTINGS

I DO NOT wish to have my student included in directory listings, such as PTO listings and other mailing lists. Yes No

OPT OUT OF ARMED FORCES COMMUNICATIONS

I do NOT wish my child to be contacted by Armed Forces recruiters. Yes No

Signed: _____

Date: _____

IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE SCHOOL YEAR, PLEASE NOTIFY THE SCHOOL OFFICE. THANK YOU.