



# Dunkerton Community Schools Student Enrollment Information

Student's Legal Name: \_\_\_\_\_  
(Last Name) (First Name) (Full Middle Name) (Nick Name)

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Primary Ethnic Origin (select one):  
 American Indian/Alaskan Native       Asian  
 Hispanic or Latin       Caucasian  
 Black or African American       Native Hawaiian or  
 Refuse to Designate       Other Pacific Islander

Secondary Ethnic Origin:  
 American Indian/Alaskan Native       Asian  
 Hispanic or Latin       Caucasian  
 Black or African American       Native Hawaiian or  
 Other Pacific Islander

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (Zip)

Street Address: \_\_\_\_\_  
(Street) (City) (Zip)

Home Telephone #: \_\_\_\_\_ Unlisted:  Yes  No

Student's Car Tag (HS only): \_\_\_\_\_ Year/Make/Model/Color: \_\_\_\_\_

Student's Cell Phone #: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Attended Preschool:  Yes  No

**To better serve your child in case of ACCIDENT or SUDDEN ILLNESS it is necessary that you furnish the following information:**

Father's Name & Mailing Address: \_\_\_\_\_  
(Name) (Street/PO Box) (City) (State) (Zip)

Phone Numbers: \_\_\_\_\_  
(Cell) (Work) (Home)

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Receive Mailings:  Yes  No      Contact with Student:  Yes  No      Student Lives with Father:  Yes  No

Mother's Name & Mailing Address: \_\_\_\_\_  
(Name) (Street/PO Box) (City) (State) (Zip)

Phone Numbers: \_\_\_\_\_  
(Cell) (Work) (Home)

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Receive Mailings: \_\_\_Yes \_\_\_No Contact with Student: \_\_\_Yes \_\_\_No Student Lives with Mother: \_\_\_Yes \_\_\_No

Step-Parent's Name & Mailing Address: \_\_\_\_\_  
(Name) (Street/PO Box) (City) (State) (Zip)

Phone Numbers: \_\_\_\_\_  
(Cell) (Work) (Home)

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Receive Mailings: \_\_\_Yes \_\_\_No Contact with Student: \_\_\_Yes \_\_\_No Student Lives with Step-Parent: \_\_\_Yes \_\_\_No

Guardian's Name & Mailing Address: \_\_\_\_\_  
(Name) (Street/PO Box) (City) (State) (Zip)

Phone Numbers: \_\_\_\_\_  
(Cell) (Work) (Home)

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Receive Mailings: \_\_\_Yes \_\_\_No Contact with Student: \_\_\_Yes \_\_\_No Student Lives with Guardian: \_\_\_Yes \_\_\_No

**Non-custodial parent may have access to student info unless prohibited by court. If access is prohibited by court, the school must have a copy of legal document(s).**

### Emergency Contact Information

(used only if parent is not available)

Emergency Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
(Cell) (Work) (Home)

Emergency Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
(Cell) (Work) (Home)

Emergency Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
(Cell) (Work) (Home)