

CREST USD 479
ENROLLMENT DATA SHEET
2023-2024

Full Legal Name:		Ph. # for school cancellations:	
Mailing Address:			
City:	State:	Zip Code:	
Home Phone:		Cell Phone:	
Social Security #:	Grade:	Birthdate:	
Race and Ethnicity: (Note: Both Part A and Part B of the question <u>must be</u> answered.)			
Part A:	Is this student Hispanic/Latino? (Choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)		
The above part of the question is about ethnicity, not race. No matter what you selected above, <u>please continue to answer the following</u> by marking one or more boxes to indicate what you consider your student's race to be.			
Part B:	What is the student's race? (Choose one or more) <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.) <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)		
Language Spoken at Home:			
Father/Guardian Name:		Social Security #:	
Home Address:			
City:	State:	Zip Code:	
Home Phone:		Cell Phone:	
Employer:		Work Phone:	
Email Address:			
Mother/Guardian Name:		Social Security #:	
Home Address:			
City:	State:	Zip Code:	
Home Phone:		Cell Phone:	
Employer:		Work Phone:	
Email Address:			
In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact:			
Name:			
Relationship to student:			
Home Phone:		Work Phone:	

Please list any medical information the school should be aware of in order to best serve your child:

I attest that the information contained herein is correct to the best of my knowledge.

(Legal Parent/Guardian Signature)

(Date)