

CREST USD 479
ENROLLMENT DATA SHEET

Student First Name: _____

Student Middle Name: _____

Student Last Name: _____

Student Address: _____

Student City: _____

Student Zip: _____

Student Home Phone: _____

Student Grade: _____

Student Birthdate: _____

Student Social Security #: _____

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.)

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.)

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