

Bedford County Public Schools
ENROLLMENT FORM

Date: _____ Student's Social Security Number _____ - _____ - _____

Student Demographics

STUDENT Last Name First Name Middle Name Grade Sex
Mailing Address Street City Zip
Residence Address Street City Zip
Phone (circle one) listed not listed () - Date of Birth / /
Are you Hispanic? Yes No
Please choose your race (you may select more than one) 1) American Indian or Alaskan Native
2) Asian 3) Black or African American 4) White
5) Native Hawaiian or Other Pacific Islander
Are you a Bedford City or Bedford County resident? (Circle one) Bedford City or Bedford County
Does your child receive special education services or have a 504 Plan? (Circle one) Yes or No
If yes, explain

NOTIFY
ESL
TEACHER

Does your child receive English as a Second Language (ESL) Services? (Circle one) Yes or No
Language spoken at home Birth Country Entrance Date In US

Parent/Guardian Information

Parent/Guardian 1(circle one) Mr. Mrs. Ms. First Name Last Name Relationship
Address Street City Zip Telephone Number
Employer Occupation
Work Phone () - (ext.) Cell Phone () -
Email Address
Parent/Guardian 2 (Circle one) Mr. Mrs. Ms. First Name Last Name Relationship
Address Street City Zip Telephone Number
Employer Occupation
Work Phone () - (ext.) Cell Phone () -
Email Address

Sibling Info

Name(s) of Sisters/Brothers Date of Birth School Now Attending Grade

Emergency Info

Emergency contact if parent(s) cannot be reached:
First Name Last Name Relationship to Student
Phone Number () - Cell Phone () -
Student's Special Medical Alert (Allergies, Asthma, etc.)
Physician Phone Number () -

Previous School Information

Last School Attended Grade Placement
School Address City State Zip
School Phone Number () -