

MONROE-GREGG SCHOOL DISTRICT ENROLLMENT FORM

135 S. Chestnut St, Monrovia, IN 46157 (317)996-3720

For Office Use Only
Enrollment Date _____
Grade _____

Student's Full Legal Name

LAST _____ FIRST _____ MIDDLE _____
ADDRESS _____ PRIMARY PHONE (____) _____
Primary Phone is used for Emergency Alert Messages
CITY _____ STATE _____ ZIP CODE _____ COUNTRY/STATE OF BIRTH _____
DATE OF BIRTH _____ SSN _____ SEX MALE / FEMALE GRADE _____

Academic Information and History

Name and address of current/previous school _____
Has student attended Monrovia Schools before? YES / NO If yes, date and grade of withdrawal _____
Has student ever been retained? YES / NO If yes, specify grade level and year _____
Is student involved in any special programming (check any that apply) Academic Honors Core 40 21st Century Scholar
 Free/Reduced Meals/Textbooks Special Education Services High Ability 504 Plan

Race & Ethnicity (Both part 1 and part 2 must be answered)

Part 1: Ethnicity Is the student Hispanic/Latino? YES / NO
Part 2: Race What is the student's race? (check all that apply)
 American Indian/Alaska Native Asian White Black/African American Native Hawaiian/Other Pacific Islander

Guardian Information

FAMILY #1 – With whom student lives

Legal Custody _____
 May Pickup _____ Guardian Name _____ Relationship _____ Employer Name and Address _____
Cell Phone _____ Work Phone _____ Other Phone _____
Email Address _____

Legal Custody _____
 May Pickup _____ Guardian Name _____ Relationship _____ Employer Name and Address _____
Cell Phone _____ Work Phone _____ Other Phone _____
Email Address _____

FAMILY #2 – Other guardian with whom student does **NOT** live

Legal Custody _____
 May Pickup _____ Guardian Name _____ Relationship _____ Employer Name and Address _____
Cell Phone _____ Work Phone _____ Other Phone _____
Email Address _____

Legal Custody _____
 May Pickup _____ Guardian Name _____ Relationship _____ Employer Name and Address _____
Cell Phone _____ Work Phone _____ Other Phone _____
Email Address _____

Emergency Information

Persons who may be contacted when you cannot be reached – These individuals **CANNOT** call in for a student

Contact(s) Name	Relationship	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature Relationship to Student Date