

• **NEW STUDENTS:** Complete this form if your legal residence is **NOT** within Bremen City Limits. Please attach two previous years of report cards, standardized testing, attendance, and discipline.

Date \_\_\_\_\_ Enrolling Grade Level \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
First Middle Last

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Country of Birth (If not U.S.) \_\_\_\_\_ First Date of Entry to U.S. School \_\_\_\_\_

First Language Spoken \_\_\_\_\_ Primary Language in Home \_\_\_\_\_ Language Spoken Most Often \_\_\_\_\_

Ethnicity: Hispanic/Latino/Spanish Origin YES \_\_\_\_\_ NO \_\_\_\_\_

Race (**Check all that apply.**): American Indian/Alaskan \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Hawaiian/Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

School System of residence: \_\_\_\_\_

**Home** Street & Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Child lives with: Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other, Specify \_\_\_\_\_

• **If 'Other', provide proof of guardianship and complete information below as guardian.**

Father \_\_\_\_\_ Mother \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Parental Status: Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Married \_\_\_\_\_

• **If divorced or separated, which parent has custody? (Attach certified copy of custody order)** \_\_\_\_\_

Is Parent(s)/Guardian(s) on **active duty** in US Armed Forces, including National Guard? **Circle one: YES NO**

Is Parent(s)/Guardian(s) a member of the military **reserves** in US Armed Forces, including National Guard? **Circle one: YES NO**

Brothers/Sisters (Names & Ages) \_\_\_\_\_

Current or last school attended \_\_\_\_\_ School Phone \_\_\_\_\_

Withdrawal Reason \_\_\_\_\_

List all schools student has attended and withdrawal reason(s) \_\_\_\_\_

List any health concerns. \_\_\_\_\_

Has student ever been retained or placed? If yes, explain. \_\_\_\_\_

Has student received any services such as special education, gifted, counseling, remedial reading/math, Title I, ESOL, or other support services? If yes, explain. \_\_\_\_\_

Has your child ever been placed in in-school suspension or out-of-school suspension? **YES NO** If yes, explain on back of sheet.

Has your child ever been adjudicated? **YES NO** If yes, explain. \_\_\_\_\_

How many days was your child absent from school last year? \_\_\_\_\_ If more than 10 days, reason(s). \_\_\_\_\_

List name (at time of graduation) and year of graduation of any parent of child that attended and graduated from Bremen City Schools.

I certify that the information provided is correct to the best of my knowledge. I understand that providing false information may prevent my child from being accepted as a non-resident student or could result in mandatory withdrawal.

**Signature of Person Enrolling Student** \_\_\_\_\_ **Relationship** \_\_\_\_\_