

Welcome to Mountain Brook Schools!

New Student Enrollment 2012

Demographic Information

PLEASE PRINT

School student will be attending Fall 2012

- | | | |
|--|---|---|
| <input type="checkbox"/> Brookwood Forest Elementary | <input type="checkbox"/> Cherokee Bend Elementary | <input type="checkbox"/> Crestline Elementary |
| <input type="checkbox"/> Mountain Brook Elementary | <input type="checkbox"/> Mountain Brook Junior High | <input type="checkbox"/> Mountain Brook High |

Student First Name

Middle Name

Last Name

Preferred Name

Date of Birth

 / /

Home Phone Number

 () -

Social Security Number

Gender

- M F

Race

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Multi Race – 2 or more races | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> White | |

Grade Level for Fall 2012

Student Primary Residence Physical Address

Street:

City & State: Mountain Brook, Alabama

Zip Code

Student lives at this address with (check all that apply):

- | | | | |
|--------------------------------------|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Other Guardian Type | <input type="checkbox"/> Host Family |

Whom should we designate as this student's Head of Household?

Head of Household First & Last Name

Do you currently have other children enrolled in the Mountain Brook Schools District?

- YES
 NO

Please list all people, including parents/guardians, whom you wish to designate as a contact for this student. For each contact you list, check the specific permissions you grant that contact. You may list up to 8 contacts.

FIRST CONTACT

Contact First & Last Name
Gender
Email Address

****REQUIRED** Street Address**

City & State
Zip Code

Home Phone Number
Cell Phone Number
Work Phone Number

Relationship to student:

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other Guardian Type	<input type="checkbox"/> Host Family
<input type="checkbox"/> Friend	<input type="checkbox"/> Extended Family Member	<input type="checkbox"/> Doctor	

This contact is (check all that apply):

<input type="checkbox"/> Student's Legal Custodian	<input type="checkbox"/> Allowed to checkout	<input type="checkbox"/> An Emergency Contact	<input type="checkbox"/> A Family member
<input type="checkbox"/> Allowed to receive confidential mailings		<input type="checkbox"/> Allowed to view student grades and attendance	

SECOND CONTACT

Contact First & Last Name
Gender
Email Address

****REQUIRED** Street Address**

City & State
Zip Code

Home Phone Number
Cell Phone Number
Work Phone Number

Relationship to student:

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other Guardian Type	<input type="checkbox"/> Host Family
<input type="checkbox"/> Friend	<input type="checkbox"/> Extended Family Member	<input type="checkbox"/> Doctor	

This contact is (check all that apply):

<input type="checkbox"/> Student's Legal Custodian	<input type="checkbox"/> Allowed to checkout	<input type="checkbox"/> An Emergency Contact	<input type="checkbox"/> A Family member
<input type="checkbox"/> Allowed to receive confidential mailings		<input type="checkbox"/> Allowed to view student grades and attendance	

THIRD CONTACT

Contact First & Last Name

Gender

Email Address

****REQUIRED** Street Address**

City & State

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Relationship to student:

- | | | | |
|--------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Other Guardian Type | <input type="checkbox"/> Host Family |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Extended Family Member | <input type="checkbox"/> Doctor | |

This contact is (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Student's Legal Custodian | <input type="checkbox"/> Allowed to checkout | <input type="checkbox"/> An Emergency Contact | <input type="checkbox"/> A Family member |
| <input type="checkbox"/> Allowed to receive confidential mailings | | <input type="checkbox"/> Allowed to view student grades and attendance | |

FOURTH CONTACT

Contact First & Last Name

Gender

Email Address

****REQUIRED** Street Address**

City & State

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Relationship to student:

- | | | | |
|--------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Other Guardian Type | <input type="checkbox"/> Host Family |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Extended Family Member | <input type="checkbox"/> Doctor | |

This contact is (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Student's Legal Custodian | <input type="checkbox"/> Allowed to checkout | <input type="checkbox"/> An Emergency Contact | <input type="checkbox"/> A Family member |
| <input type="checkbox"/> Allowed to receive confidential mailings | | <input type="checkbox"/> Allowed to view student grades and attendance | |

FIFTH CONTACT

Contact First & Last Name

Gender

Email Address

****REQUIRED**** Street Address

City & State

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Relationship to student:

- Father
- Grandfather
- Friend
- Mother
- Grandmother
- Extended Family Member
- Stepfather
- Other Guardian Type
- Doctor
- Stepmother
- Host Family

This contact is (check all that apply):

- Student's Legal Custodian
- Allowed to checkout
- Allowed to receive confidential mailings
- An Emergency Contact
- A Family member
- Allowed to view student grades and attendance

SIXTH CONTACT

Contact First & Last Name

Gender

Email Address

****REQUIRED**** Street Address

City & State

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Relationship to student:

- Father
- Grandfather
- Friend
- Mother
- Grandmother
- Extended Family Member
- Stepfather
- Other Guardian Type
- Doctor
- Stepmother
- Host Family

This contact is (check all that apply):

- Student's Legal Custodian
- Allowed to checkout
- Allowed to receive confidential mailings
- An Emergency Contact
- A Family member
- Allowed to view student grades and attendance

SEVENTH CONTACT

Contact First & Last Name

Gender

Email Address

****REQUIRED**** Street Address

City & State

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Relationship to student:

- | | | | |
|--------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Other Guardian Type | <input type="checkbox"/> Host Family |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Extended Family Member | <input type="checkbox"/> Doctor | |

This contact is (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Student's Legal Custodian | <input type="checkbox"/> Allowed to checkout | <input type="checkbox"/> An Emergency Contact | <input type="checkbox"/> A Family member |
| <input type="checkbox"/> Allowed to receive confidential mailings | | <input type="checkbox"/> Allowed to view student grades and attendance | |

EIGHTH CONTACT

Contact First & Last Name

Gender

Email Address

****REQUIRED**** Street Address

City & State

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Relationship to student:

- | | | | |
|--------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Other Guardian Type | <input type="checkbox"/> Host Family |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Extended Family Member | <input type="checkbox"/> Doctor | |

This contact is (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Student's Legal Custodian | <input type="checkbox"/> Allowed to checkout | <input type="checkbox"/> An Emergency Contact | <input type="checkbox"/> A Family member |
| <input type="checkbox"/> Allowed to receive confidential mailings | | <input type="checkbox"/> Allowed to view student grades and attendance | |

Parent/Guardian Signature