



EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

STUDENT ENROLLMENT FORM FOR ATHLETICS ONLY

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____ Sex: _____
Date of Birth: _____ ☐ Multiple Birth Grade: _____ Birthplace: _____ City / State / Country / County
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No Race: (select 1 or more that apply to this student)
☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

FAMILY INFORMATION-HOUSEHOLD #1

☐ Currently living with family/friends due to economic hardship, being evicted or living in a shelter, hotel, vehicle or another place not designed as a place to live.
☐ Both Parents ☐ Father Only ☐ Mother Only ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Grandparents ☐ Foster Parents ☐ Other
Street Address: _____ Apt/Lot #: _____ City: _____ St: _____ Zip: _____
Prefix: _____ Parent/Guardian Name: _____ Primary #: _____ Cell #: _____
Email: _____ Employer: _____ Work #: _____
Prefix: _____ Parent/Guardian Name: _____ Family Primary # Above _____ Cell #: _____
Email: _____ Employer: _____ Work #: _____

FAMILY INFORMATION-HOUSEHOLD #2

☐ Custody Orders: Provide copy of child custody decree directly pertaining to custody arrangements along with signature page indicating the date of order.
☐ Currently living with family/friends due to economic hardship, being evicted or living in a shelter, hotel, vehicle or another place not designed as a place to live.
☐ Both Parents ☐ Father Only ☐ Mother Only ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Grandparents ☐ Foster Parents ☐ Other
Street Address: _____ Apt/Lot #: _____ City: _____ St: _____ Zip: _____
Prefix: _____ Parent/Guardian Name: _____ Primary #: _____ Cell #: _____
Email: _____ Employer: _____ Work #: _____
Prefix: _____ Parent/Guardian Name: _____ Family Primary # Above _____ Cell #: _____
Email: _____ Employer: _____ Work #: _____

EMERGENCY CONTACTS (Adults other than parent/guardians to pick up your child for medical, emergency release or other reasons.)

Name: _____ Relationship: _____ Phone #: _____ Cell/Work #: _____
Name: _____ Relationship: _____ Phone #: _____ Cell/Work #: _____
Name: _____ Relationship: _____ Phone #: _____ Cell/Work #: _____

HEALTH INFORMATION

Physician Name: _____ City: _____ Phone #: _____
Dentist Name: _____ City: _____ Phone #: _____
Preferred Hospital: _____ City: _____ Phone #: _____
Health Conditions: _____

SCHOOL INFORMATION

School Name: _____ City: _____

PARENTAL CONSENT FOR EMERGENCY TREATMENT

The information provided on this form is accurate and complete to the best of my knowledge and will be shared with appropriate school and/or emergency personnel on a need to know basis. In the event of serious illness or significant injury, my child will be transported to the hospital listed on the health information form or the closest emergency room. Emergency personnel will provide the necessary transportation and needed emergency treatment for my child. Every effort will be made to contact parent/guardian(s) in the event of an emergency. Please notify the school office in writing if permission is not granted for emergency transport and/or treatment.

Parent/Guardian Signature: _____ Date: _____