

Pre-Enrollment Form

Student's Name _____

Legal Name (if different from above) _____

Part A: Is your child of Hispanic/Latino culture or origin? _____ Yes _____ No

Part B: What is your child's race? (Choose one or more)

____ Black/African American; ____ Alaskan Native/Am. Indian; ____ Asian; ____ White; ____ Native Hawaiian or Other Pacific Islander

Birth City _____ State _____ Country _____

Sex ____ Date of Birth _____ Age _____ Grade your child will be in next fall _____

Home Address _____

Home Phone _____ City _____ State _____ Zip _____
Cell or Landline (Circle one)

Father/Guardian _____ Cell Phone _____ Work Phone _____

Mother/Guardian _____ Cell Phone _____ Work Phone _____

In District? _____ Yes _____ No Open Transfer _____ Emergency Transfer _____

Check if child is federally impacted:

____ Parent in Armed Service _____ Parent works at Native American Facility
____ Parent works at Ft. Sill _____ Lives on Native American Land

Check if your child has any special needs:

Speech Therapy ____ Disability ____ Hearing ____ Other (Please list) _____ Current or former IEP ____

School age siblings:

Name	Grade	Attending Flower Mound	
_____	_____	____ Yes	____ No
_____	_____	____ Yes	____ No
_____	_____	____ Yes	____ No

Plan to use Extended Day services? _____ Yes _____ No
6:30 a.m. - 7:40 a.m. only _____ After school - 6:00 p.m. only _____ Both a.m. and p.m. _____

If yes for after school, we must know your pick-up time to plan staffing. Within a 10 minute variance, what time will your child(ren) be picked up? _____

Signature _____ Date _____ Time _____

The assignment of children to their classroom teacher is made personally by Mr. Trent according to a formula which takes into consideration the distribution of students based on sex, race, special needs, etc. Please do not request a specific teacher.

To be completed by Flower Mound School:

Received date/time _____ By _____ Revised 12/14/16