



# Green Bay Area Services Student Enrollment Form 2017-18

**TRANSPORTATION NEEDED**

**School Attending:**  
St. Bernard School

**Grade:** \_\_\_\_\_

STUDENT

Child's Full Legal Name: \_\_\_\_\_  
*(As listed on Birth Certificate)* Last Name First Name Full Middle Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
Mo Day Year (check one)

Ethnicity: (please select one)  Hispanic/Latino  Non-Hispanic/Latino

Race: (select all that apply)  American Indian/Alaska Native  Asian  White  
(must select at least one)  Native Hawaiian /Other Pacific Islander  Black/African American

HOME

Child's Home Information: **(This will determine if your student is eligible for District Transportation)**

Child's Home Address: \_\_\_\_\_ Apt or Lot # \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student lives with (check one):  Mother  Father  Both Parents  Other: \_\_\_\_\_

PARENT/GUARDIAN #1

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Is legal guardian  Yes  No

Address (if different than students): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone numbers: Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

PARENT/GUARDIAN #2

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Is legal guardian  Yes  No

Address (if different than students): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone numbers: Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

SERVICES

Has your child ever been tested for special education services?  Yes  No If yes, when/where was your child tested? \_\_\_\_\_

Did your child qualify for services?  Yes  No

*As parent/legal guardian of this child, I verify that all the information on this form is true to the best of my knowledge. I may also be required to provide proof of residency/proof of address.*

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_