



**Lake Country School District
Student Enrollment Information
2024-2025 School Term**

District Resident Open Enrolled Tuition Waiver

Student's Legal Name: _____
Last First Middle Initial

Student's Nickname: _____ Student's Grade: _____

Current Street Address: *(This address is where the student sleeps most evenings.)*

Street City Zip

Mailing Address: _____
(If different than current street address)

The distance you live from Lake Country School: 0-2 miles 2-5 miles 5-8 miles 8+ miles

City, County & State of Birth: _____

Birth Cert. Verif: *(office only)* Y _____ N _____

Date of Birth: _____

Residency Verif: *(office only)* Y _____ N _____

(utility bill (cell phone bills are not accepted), wage statement, lease agreement, deed, governmental correspondence)

Gender: Male Female Youngest or Only Student at Lake Country School: Yes No

Child's Ethnicity - Is this child Hispanic or Latino?

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

Child's Race - Please select one or more boxes

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Child's Primary Language: _____ Other Language(s): _____

Does your child have difficulty reading, writing, speaking, or comprehending English within the academic classroom?

History of Student Services:

- 504 _____
- ELL _____
- IEP _____
- Student Service Plan _____

School Last Attended: _____ Grade Level: _____

Address: _____
Street City State Zip

Has your child ever been expelled? Yes No



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Child resides with _____ e.g. both parents, both parents part-time, mother, father, guardian

FAMILY 1

Dr. M. Mrs. Ms. Miss. Mr.

Parent/Guardian 1: _____

Primary Phone: _____ Other Phone/Type: _____

Employer: _____ Work Phone: _____

Email Address: _____

Physical Home Address: *(If different from student's)* _____

Dr. M. Mrs. Ms. Miss. Mr.

Parent/Guardian 2: _____

Primary Phone: _____ Other Phone/Type: _____

Employer: _____ Work Phone: _____

Email Address: _____

FAMILY 2

Dr. M. Mrs. Ms. Miss. Mr.

Parent/Guardian 1: _____

Primary Phone: _____ Other Phone/Type: _____

Employer: _____ Work Phone: _____

Email Address: _____

Physical Home Address: *(If different from student's)* _____

Dr. M. Mrs. Ms. Miss. Mr.

Parent/Guardian 2: _____

Primary Phone: _____ Other Phone/Type: _____

Employer: _____ Work Phone: _____

Email Address: _____

Email addresses will be used to electronically send home the bi-monthly *Wildcat Clips* newsletter, teacher/parent communications, and any other mass communications deemed appropriate for email. We can maintain up to two email addresses per family in Skyward.

Notes: *(e.g. legal, custody issues, etc.)* _____



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Parent in the Military:

- Parent or guardian on active duty in the military?
- Parent or guardian a traditional member of the Guard or Reserve?
- Parent or guardian is a member of the Active Guard/Reserve (AGR) under Title 10 or full-time National Guard under Title 32?

Siblings:

Name	D.O.B.	Name	D.O.B
Name	D.O.B.	Name	D.O.B
Name	D.O.B.	Name	D.O.B

When the school cannot reach a parent, who should be called in case of emergency or illness?

Name: _____	Name: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____
Physician's Name & Phone Number: _____	

Health Concerns:

Other Comments/Concerns:

My signature certifies that all information on this form is truthful and correct and that I am a legal resident of the Lake Country School District, or have written approval from the Board of Education for my child to attend Lake Country School District.

Signature (Parent/Guardian)	Date
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