



STUDENT ENROLLMENT VERIFICATION FORM

Please provide the following with completed form:

Student's Birth certificate, Shot Record, Proof of Residency, Custody Paperwork, (if applicable)

Student Last Name: _____ Male Female Grade: _____

First Name: _____ Middle: _____ Date of Birth: _____

Student Address: _____ Student Home Phone: _____

Please check if your student receives Special Education Services

Mailing Address: _____

IEP 504

PARENT/GUARDIAN INFORMATION:

The Schooltool Parent Portal provides parents and guardians with access to assignments, grades, and attendance information. ****To receive access, you must provide a valid email address and receive mail regarding the student.**

Call Order

Contact #1 Parent/ Guardian Custody: Yes / No Student lives with: Yes / No
Name: _____ Relationship: _____ Address: _____ Pickup: Yes / No Mailing Address: _____
Employer: _____ Home Phone: _____ Phone Call Order 1 2 3
**EMAIL: _____ Cell Phone: _____ 1 2 3
Work Phone: _____ 1 2 3

**Please provide me with access to the Schooltool Parent Portal for my child YES / NO

Call Order

Contact #2 Parent/ Guardian Custody: Yes / No Student lives with: Yes / No
Name: _____ Relationship: _____ Address: _____ Pickup: Yes / No Mailing Address: _____
Employer: _____ Home Phone: _____ Phone Call Order 1 2 3
**EMAIL: _____ Cell Phone: _____ 1 2 3
Work Phone: _____ 1 2 3

**Please provide me with access to the Schooltool Parent Portal for my child YES / NO

Is Your Child Hispanic, Latino or of Spanish Origin? YES / NO

Check all racial groups that apply to your child:

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

Has student ever attended APW School District ? YES / NO



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Please list up to four adults to contact if you cannot be reached in case of emergency:

1. Name: _____ Telephone: _____
 Relationship: _____ Allowed to pick up student? Yes / No Cell Phone: _____
2. Name: _____ Telephone: _____
 Relationship: _____ Allowed to pick up student? Yes / No Cell Phone: _____
3. Name: _____ Telephone: _____
 Relationship: _____ Allowed to pick up student? Yes / No Cell Phone: _____
4. Name: _____ Telephone: _____
 Relationship: _____ Allowed to pick up student? Yes / No Cell Phone: _____

Do you have any children in your household that have not reached school age? Yes / No

- Name _____ Date of Birth: _____ Male Female
 (Last, First)
- Name _____ Date of Birth: _____ Male Female
 (Last, First)
- Name _____ Date of Birth: _____ Male Female
 (Last, First)
- Name _____ Date of Birth: _____ Male Female
 (Last, First)

Parental Opt-Out/In:

_____ I DO NOT want my child's name, photograph, artwork or film footage released by APW Central School District.

_____ (Grade 9-12 only) I DO NOT want my child's name/directory information shared with any organization for purposes of recruitment.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date