## WALL SCHOOL DISTRICT #51-5

## **Enrollment Information**



Student's Personal Information:		Grade:
Last Name	First Name Mid	ddle
Mailing Address	City, ST, Zip	County
Physical Address	City,ST,Zip	County
If you live in Oglala Lakota or Jackson cou	unties, do you live on Trust Land? Yes or No	If yes, what is the Unit #?
Does the parent or guardian of this child we	ork for or have grazing rights on federal property (Bac	dlands NP, Buffalo Gap NG)? Yes or No
If yes, explain:		
Phone	Birth Date/	_/
Race:	tive   Black/non-Hispanic   White	e/non-Hispanic
□Asian	☐Hispanic ☐Native Hawaiian or Pacific Islan	nder
Age □Male □Fema	ale Birth Place	
<ol> <li>What is the primary l</li> <li>What is the language</li> <li>Which language did</li> <li>What language does</li> </ol>	language in your home? e most frequently spoken at home? your child learn when he/she first bega your child most frequently speak at home to most frequently speak to your child?	an to talk? me?
Custodial Parent/Guardian Last Name	Family Information: Spouse	
First Name		
Employer's Name		
Work Address		
Work Phone		
Home Phone		
Mail Title		
Address		StateZip

\*\*\*\* CONTINUE TO THE BACK PAGE \*\*\*\*

Email Address \_\_\_\_\_

## Emergency Information who should the school contact? (1 or more persons may be listed)

*				Phone	
Address					
Family Physician's Name				Phone	
Demographic	Information:				
Home Area:	□Within city limits	□Outside city limits	Distance one way		
Directions from	n school:				