



Mobile Elementary School District No 86

“Partnership in Learning for ALL”

42798 South 99th Ave * Maricopa AZ 85139 * Phone 520-568-2280 * Fax 520-568-9361

MIG SIRS Enrollment Form

Students Legal Name: _____
Last First Middle

Gender (Circle One): **Male or Female** **Birth Date:** _____ **Grade:** _____

Ethnicity (Circle One): **Asian - African American – Hispanic - Native American – White - Other** _____

Address: _____ **Apt# or PO Box #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Custody Issues: _____

Siblings in this School District (List only 3)

Siblings Name: _____ **Gender:** M F **Grade:** _____
Last First Middle

Siblings Name: _____ **Gender:** M F **Grade:** _____
Last First Middle

Siblings Name: _____ **Gender:** M F **Grade:** _____
Last First Middle

Student Was Assigned ID#: _____

Father Living? Yes No **Father Remarried?** Yes No

Parents Separated? Yes No **Mother Living?** Yes No

Mother Remarried? Yes No **Child Lives with:** _____

Last School Attended: _____
(Name) (City) (State)

Students Emergency Information

Father's Name: _____ **Lives with student? Y N**

Father's Address: _____ **Apt # or PO Box #:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Phone: _____ **Wk Phone:** _____ **Contact Priority: 1 2 3**

Mother's Name: _____ **Lives with student? Y N**

Mother's Address: _____ **Apt # or PO Box #:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Phone: _____ **Wk Phone:** _____ **Contact Priority: 1 2 3**

Emergency Contact Person Information

Contact #1: Name: _____ **Relationship?** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Wk Phone:** _____ **Contact Priority: 1 2 3**

Contact #2: Name: _____ **Relationship?** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Wk Phone:** _____ **Contact Priority: 1 2 3**

EMERGENCY INFORMATION

Does the child suffer from any sever or chronic illness? Yes No If Yes, Please specify _____

Is the child allergic to any drugs or allergy? Yes No If Yes, Please specify _____

I herby authorize emergency treatment for my child. _____

Parent/Guardian Signature

Medical Notes

Health and Immunizations Information

Doctor's Name: _____ Phone#: (____) _____

Address: _____ Immunization Completed Date: _____

Exempted P.E.? YES or NO Exemption Reason: _____

Immunization Records:

Immunization	Date	Date	Date	Date
DTP(Dip, Tet, Pertus)				
Haemophilus Influenza				
Hepatitis A				
Hepatitis B				
Measles, Mumps & Rub				
Polio				
TB Skin Test				
Varicella				
Other				
Other				
Other				

Medications

Medication 1: _____ Start Date: _____ End Date: _____

Medication 1 Method: _____ Dose: _____ Frequency: _____

Authorized By: _____ Pharmacy: _____ Phone: (____) _____

Medication 2: _____ Start Date: _____ End Date: _____

Medication 2 Method: _____ Dose: _____ Frequency: _____

Authorized By: _____ Pharmacy: _____ Phone: (____) _____

Home Language Survey

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

Parent/ Guardian Signature: _____ Date: _____

~ End of Enrollment Form ~