

**MADISON CONSOLIDATED SCHOOLS • ENROLLMENT INFORMATION**

(Contact the school office if any information changes during the school year.)

Name of Pupil \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address of Pupil \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Grade \_\_\_\_\_ Male  Female  Bus No. \_\_\_\_\_

Name of School Last Attended \_\_\_\_\_

Name of Father \_\_\_\_\_  
Last First Middle

Father's Address \_\_\_\_\_

Birthplace of Father \_\_\_\_\_ Divorced  Deceased

Father's Place of Work \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Father's Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

*If Remarried, Name of Stepmother* \_\_\_\_\_  
Last First Middle

*Stepmother's Place of Work* \_\_\_\_\_ *Work Phone Number* \_\_\_\_\_

*Stepmother's Email Address* \_\_\_\_\_ *Cell Phone Number* \_\_\_\_\_

Name of Mother \_\_\_\_\_  
Last First Middle

Mother's Address \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_ Divorced  Deceased

Mother's Place of Work \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Mother's Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

*If Remarried, Name of Stepfather* \_\_\_\_\_  
Last First Middle

*Stepfather's Place of Work* \_\_\_\_\_ *Work Phone Number* \_\_\_\_\_

*Stepfather's Email Address* \_\_\_\_\_ *Cell Phone Number* \_\_\_\_\_

**IF APPLICABLE:** Names, Age, Grade Levels and Schools attended by ALL Brothers and Sisters

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pupil Lives With \_\_\_\_\_ Relationship \_\_\_\_\_

Sitter's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please Fill Out EMERGENCY Information Located on BACK SIDE. *Thank You!*

(For Office Use Only)

ESL FORM ON FILE Yes  No  BIRTH CERTIFICATE CERTIFIED Yes  No

**EMERGENCY INFORMATION**

Child's Name \_\_\_\_\_

Does your child have an IEP? Yes  No  Area \_\_\_\_\_

Is your Child on Medication? Yes  No  If yes, please list

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any known allergies or medical problems

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of **EMERGENCY, ILLNESS or ACCIDENT** to the child named above,  
the school is authorized to contact individuals whose names  
and phone numbers are listed below:

Name

Relationship

Phone

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_