



DORCHESTER SCHOOL DISTRICT TWO SPECIAL SITUATION – ENROLLMENT REQUEST

Date Received _____



STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____
 School of Residence _____ Current Grade Level _____
 Date of Birth _____ Age _____

PARENT/GUARDIAN INFORMATION

(Please Circle) Mother Step-Mother Father Step-Father Legal Guardian

Last Name _____ First Name _____

Home Address _____

Home Phone _____
Street City State Zip Code

Work Phone _____ Cell Phone _____

ADDITIONAL PARENT/GUARDIAN

Relationship to the Student _____

Last Name _____ First Name _____ Home Phone _____

Home Address _____
Street City State Zip Code

Student Lives With - Relationship to the Student (Please Circle)

Mother Father Step-Mother Step-Father Foster Mother Foster Father Legal Guardian

Group Home: _____ Other (please explain) _____

Enrollment is requested due to the following special situation:

 Signature of Parent/Legal Guardian

 Relationship to Student

 Date

FOR OFFICE USE ONLY

Approved for Enrollment: _____
 Date

Special Notes

 Authorized Signature (Administrator/District Director)