

Yes No Does your child lives more than a mile and a half (1.5 miles) from the school?

Yes No Does your child use a name other than his/her legal name?
If so what is it? _____

Yes No Does your child resides in the Dewar School District? If no, what district _____

Yes No Did this student attend Dewar Public School last year?
If no, list the school name, address, and phone number where the student attended

Yes No Is either parent/guardian in the military or a civilian working on government property?
If yes, who? _____ where? _____

Yes No Do you use a language other than English in your home (this includes Native American Indian Languages)? If yes, what language? _____

Yes No Do you have any degree of American Indian ancestry or have a CDIB Card?

Tribe: _____ Side Family: _____ Roll Number: _____

Yes No Does this student take medication on a regular basis? If yes, list _____

Yes No Does this student have any health problems? Explain: _____

List other children in this household attending Dewar Public School:

Student Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I WILL NOTIFY THE SCHOOL IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE CURRENT SCHOOL YEAR.

Parent's/Guardian's Signature

Date