



**Lake Country School District  
Student Enrollment Information  
2025-2026 School Term**

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☐ District Resident    ☐ Open Enrolled    ☐ Tuition Waiver

Student's Legal Name: \_\_\_\_\_  
Last First Middle Initial

Student's Nickname: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Current Street Address: *(This address is where the student sleeps most evenings.)*

Street City Zip

Mailing Address: \_\_\_\_\_  
*(If different than current street address)*

Distance you live from Lake Country School:    ☐ 0-2 miles    ☐ 2-5 miles    ☐ 5-8 miles    ☐ 8+ miles

City, County & State of Birth: \_\_\_\_\_

Birth Cert. Verif: *(office only)* Y \_\_\_\_\_ N \_\_\_\_\_    Date of Birth: \_\_\_\_\_

Gender: ☐ Male    ☐ Female    Youngest or Only Student at Lake Country School: ☐ Yes    ☐ No

Child's Ethnicity - Is this child Hispanic or Latino?

- ☐ No, not Hispanic or Latino  
☐ Yes, Hispanic or Latino

Child's Race - Please select one or more boxes

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

Child's Primary Language: \_\_\_\_\_ Other Language(s): \_\_\_\_\_

Does your child have difficulty reading, writing, speaking, or comprehending English within the academic classroom?

History of Student Services:

- ☐ 504 \_\_\_\_\_  
☐ ELL \_\_\_\_\_  
☐ IEP \_\_\_\_\_  
☐ Student Service Plan \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Has your child ever been expelled? ☐ Yes    ☐ No



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**Child resides with:** \_\_\_\_\_ e.g. both parents, both parents part-time, mother, father, guardian

**FAMILY 1**

**Parent/Guardian 1:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone/Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Physical Home Address: *(If different from student's)* \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone/Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Email addresses will be used to electronically send home the bi-monthly *Wildcat Clips* newsletter, teacher/parent communications, and any other mass communications that are deemed to be appropriate for email. We can maintain up to two email addresses per family in Skyward.

**FAMILY 2**

**Parent/Guardian 1:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone/Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Physical Home Address: *(If different from student's)* \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone/Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Email addresses will be used to electronically send home the bi-monthly *Wildcat Clips* newsletter, teacher/parent communications, and any other mass communications that are deemed to be appropriate for email. We can maintain up to two email addresses per family in Skyward.

Notes: *(e.g. legal, custody issues, etc.)*

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**Parent in Military:**

- ☐ Parent or guardian on active duty in the military?
- ☐ Parent or guardian a traditional member of the Guard or Reserve?
- ☐ Parent or guardian is a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

**Siblings:**

_____ Name	_____ D.O.B.	_____ Name	_____ D.O.B.
_____ Name	_____ D.O.B.	_____ Name	_____ D.O.B.
_____ Name	_____ D.O.B.	_____ Name	_____ D.O.B.

**When the school is unable to reach a parent, who should be called in case of emergency or illness?**

Name: _____	Name: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____
Physician's Name & Phone Number: _____	

**Health Concerns:**

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

**Other Comments/Concerns:**

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

**My signature certifies that all information on this form is truthful and correct and that I am a legal resident of the Lake Country School District, or have written approval from the Board of Education for my child to attend Lake Country School District.**

\_\_\_\_\_  
*Signature (Parent/Guardian)*

\_\_\_\_\_  
*Date*