



# DORCHESTER SCHOOL DISTRICT TWO SPECIAL SITUATION – ENROLLMENT REQUEST

Date Received \_\_\_\_\_

All requested information should be submitted to the student's school of residence.

## 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)