

TIMBERLAKE NEW STUDENT INFORMATION

Student's Name: _____ Grade: _____
 First name Middle name Last name Gender: _____
D.O.B: _____ Place of birth: _____ Race: _____
 Month Day Year City State

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Father's Name: _____ Place of Employment: _____
Occupation: _____ Phone number(work): _____
Mother's Name: _____ Place of Employment: _____
Occupation: _____ Phone number(work): _____
Additional Contact (if needed): _____ Place of Employment: _____
Relationship to child(ren): _____ Phone number(work): _____
With whom does child(ren) reside: _____ Home Phone Number: _____
Relationship to student(s): _____

Email Address: _____ Cell Phone Number: _____

Mailing Address: _____
 Rt/Bx/Street City Zip Enrollment date

Previous School _____ Location _____

In case of emergency, who should be contacted? [Please list 2 people who could be contacted during school hours]

1. _____ 2. _____
 Name Phone Name Phone

Timberlake Public Schools

Verification of Residency in the Timberlake District

To be completed by Resident Student

It shall be unlawful for any person to willfully make a false or misleading statement, either verbal or written, to any officer or employee of the Timberlake Public School District for the purpose of obtaining enrollment in the Timberlake School District. Any willful misstatement on this form shall be a misdemeanor punishable by imprisonment not to exceed one (1) year or a fine not to exceed five hundred dollars (\$500) or both such fine and imprisonment.

I understand that if the information supplied is found to be false, my child's placement may be revoked.

I, _____ am parent or guardian of:

(Student #1, name & grade) (Student #2, name & grade) (Student #1, name & grade)

am seeking to enroll him/her in the Timberlake Public School District and I certify under penalties of perjury that I have read and understand the above statement and I further certify, under penalties of perjury, that the above-named school-age child, or children, actually lives at:

_____ which is located inside the borders of the Timberlake Public School District and our telephone number is _____

(Parent/Guardian signature)

(Relationship to Enrollee(s) if not Parent/Guardian)

Along with this verification form, a copy of a parent or guardian driver license and a copy of the last month's gas, water or electric bill or lease agreement is to be attached.

For School Use – do not write below this line: _____

Driver's License _____ Current Utility Bill _____ Lease Agreement _____

Bus Route: _____ Yes _____ No