Constellation Schools: Elyria Community Middle
2022-2023 Re-Enrollment Form

PLEASE COMPLETE THE INFORMATION BELOW FOR YOUR STUDENT FOR THE 2022/2023 SCHOOL YEAR.

Student First Name	Student Last Name	Will this student return next year for 2022-23? ☐ Yes ☐ No ☐ Undecided
Street Address (Apt/Unit #)		Current Student Mailing Address: ☐ Yes ☐ No
City	State	Zip Code
Birthdate MM/DD/YYYY	Gender	Current Grade
Student Lives with: Mother Father Step-Father Step-Mother Aunt Uncle Grandparent Caretaker Foster Parent Other		

PLEASE UPDATE OUR RECORDS FOR YOUR STUDENT'S PRIMARY PARENT/LEGAL GUARDIAN WITH WHOM THEY LIVE:

Primary Guardian First Name	Primary Guardian Last Name	Relationship to Student
Home Phone	Mobile Phone	
Email		
Street Address		Apt/Unit #
City	State	Zip Code

EMERGENCY CONTACTS (when parents/guardians cannot be reached for an emergency or child pick up)

EMERGENCY CONTACT #1	
First Name	Last Name
Primary Phone	Relationship to Student
EMERGENCY CONTACT #2	
First Name	Last Name
Primary Phone	Relationship to Student
EMERGENCY CONTACT #3	
First Name	Last Name
Primary Phone	Relationship to Student

NEW ENROLLMENT OF SIBLINGS/OTHER MEMBERS OF HOUSEHOLD.

Do you have a sibling(s) or other members of this household you would like to enroll for the 2022/2023 school year? Please complete the basic information below and our Enrollment Team will help you with the new student registration process starting February 1, 2022.

Student's First & Last Name	Parent/Guardian Name	2022-23 Grade	Birthdate: MM/DD/YYYY

By completing this form, I verify that I am the parent/legal guardian of the student named in this form and the information I provided is accurate and up-to-date.

_____ _____/_____/_____

Parent/Legal Guardian First & Last Name (Print) ***Signature*** ***Date***

****PLEASE ATTACH YOUR DRIVER'S LICENSE/STATE ID & PROOF OF RESIDENCY DATED WITHIN 30 DAYS OF DATE SUBMITTED.****

OFFICE USE ONLY:

State Student ID	Student Number	RE-G-22/23	Date Received	Staff Initials