

Portsmouth School District Student Enrollment

ALL CHILDREN LIVING IN THE HOUSEHOLD

Please list **all** children living in the household (include those who are not attending school).

Child 1: School: (Please check one) _____ Current Grade Level: _____			
<input type="checkbox"/> Portsmouth High <input type="checkbox"/> Portsmouth Middle <input type="checkbox"/> Dondero <input type="checkbox"/> New Franklin <input type="checkbox"/> Little Harbour <input type="checkbox"/> PASS <input type="checkbox"/> PEEP <input type="checkbox"/> Not in School			
Legal Name on Birth Certificate: _____			
Last		First	Middle
Nickname: _____	Birth Date: _____	Birth Place: _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Ethnicity: (Check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian			
Child lives with: (Check all that apply)			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify) _____			
Child 2: School: (Please check one) _____ Current Grade Level: _____			
<input type="checkbox"/> Portsmouth High <input type="checkbox"/> Portsmouth Middle <input type="checkbox"/> Dondero <input type="checkbox"/> New Franklin <input type="checkbox"/> Little Harbour <input type="checkbox"/> PASS <input type="checkbox"/> PEEP <input type="checkbox"/> Not in School			
Legal Name on Birth Certificate: _____			
Last		First	Middle
Nickname: _____	Birth Date: _____	Birth Place: _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Ethnicity: (Check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian			
Child lives with: (Check all that apply)			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify) _____			
Child 3: School: (Please check one) _____ Current Grade Level: _____			
<input type="checkbox"/> Portsmouth High <input type="checkbox"/> Portsmouth Middle <input type="checkbox"/> Dondero <input type="checkbox"/> New Franklin <input type="checkbox"/> Little Harbour <input type="checkbox"/> PASS <input type="checkbox"/> PEEP <input type="checkbox"/> Not in School			
Legal Name on Birth Certificate: _____			
Last		First	Middle
Nickname: _____	Birth Date: _____	Birth Place: _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Ethnicity: (Check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian			
Child lives with: (Check all that apply)			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify) _____			
Child 4: School: (Please check one) _____ Current Grade Level: _____			
<input type="checkbox"/> Portsmouth High <input type="checkbox"/> Portsmouth Middle <input type="checkbox"/> Dondero <input type="checkbox"/> New Franklin <input type="checkbox"/> Little Harbour <input type="checkbox"/> PASS <input type="checkbox"/> PEEP <input type="checkbox"/> Not in School			
Legal Name on Birth Certificate: _____			
Last		First	Middle
Nickname: _____	Birth Date: _____	Birth Place: _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Ethnicity: (Check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian			
Child lives with: (Check all that apply)			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify) _____			
Child 5: School: (Please check one) _____ Current Grade Level: _____			
<input type="checkbox"/> Portsmouth High <input type="checkbox"/> Portsmouth Middle <input type="checkbox"/> Dondero <input type="checkbox"/> New Franklin <input type="checkbox"/> Little Harbour <input type="checkbox"/> PASS <input type="checkbox"/> PEEP <input type="checkbox"/> Not in School			
Legal Name on Birth Certificate: _____			
Last		First	Middle
Nickname: _____	Birth Date: _____	Birth Place: _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Ethnicity: (Check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian			
Child lives with: (Check all that apply)			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify) _____			