

ENROLLMENT FORM

Name:		Social Security #:		-	-
Street Address:			Box #:		
City:		State:		Zip:	
Grade:	Birthdate: / /		Birth Place:		
Parent Status: (Circle One)	Married	Divorced	Separated	Other:	
	Mother Deceased	Father Deceased			
Lives with: (Circle One)	Parents	Mother only		Father only	
	Guardian	Other:			
First Language:			Home Language:		
Race and Ethnicity: (Note: Both Part A and Part B of the question <u>must be</u> answered.)					
Part A: Is this student Hispanic/Latino? (Choose only one)					
<input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)					
The above part of the question is about ethnicity, not race. No matter what you selected above, <u>please continue to answer the following</u> by marking one or more boxes to indicate what you consider your student's race to be.					
Part B: What is the student's race? (Choose one or more)					
<input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.) <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)					
Male Head of Household Name:					
Relationship: (Circle One)	Father	Grandfather	Friend	Guardian	Uncle
	Brother	Stepfather	Other:		
Employer:			Work Phone () -		
Home Phone () -			Mobil Phone () -		
Female Head of Household Name:					
Relationship: (Circle One)	Mother	Grandmother	Friend	Guardian	Aunt
	Sister	Stepmother	Other:		
Employer:			Work Phone () -		
Home Phone () -			Mobil Phone () -		
Contact E-mail Address:					
Two Emergency Contact Names:					
Name:			Name:		
Relationship:			Relationship:		
Home Phone () -			Home Phone () -		
Work Phone () -			Work Phone () -		
Mobil Phone () -			Mobil Phone () -		



USD 374



Health Enrollment

Date: _____

Student's Name: _____ Date of Birth _____

Is student covered by any type of health insurance?
(None, Private, Healthwave, Medicaid, or Other) _____

List any allergies to foods, medications, or insect stings _____

List any prescription medications that student takes at home _____

Will student need to take any medications at school? (YES / NO)
If yes, please list medication(s) _____

Please circle all applicable assistive devices: Glasses, Contacts, Hearing Aid
Other: _____

Who is student's primary care Physician? _____
What town is he/she located in? _____

Please list any current illness, diseases, or conditions that could require
medical attention or intervention at school:
(ADHD, Asthma, Diabetes, Seizures, etc):

EMERGENCY CARE FORM

During the coming year your child may be injured or become ill during athletic practices, contests or activity trips. Many of these contests and activities will, of course, be out of town. In the event your child is injured or becomes ill, attempts will be made to contact the parent/guardian. Please help us care for your child by filling in the necessary information below.

_____ STUDENT'S NAME _____ GRADE _____ HOME PHONE NUMBER _____

MOTHER'S NAME: _____ WORK PHONE NUMBER: _____

FATHER'S NAME: _____ WORK PHONE NUMBER: _____

If you cannot be reached at home or at work, where else might you be contacted? Include appropriate phone numbers or cell numbers.

Please designate persons who will care for your child or help make emergency decisions in case a parent/guardian cannot be reached. (These may well be close friends or relatives who normally attend your child's contests or activities.)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

In the event of serious injury, it may be necessary to contact local emergency medical personnel immediately. Attempts will then be made to contact the parents/guardians or designated persons to inform them of the situation. The child will be treated by medical personnel as needed.

IMPORTANT MEDICAL INFORMATION

ALLERGIES/MAJOR HEALTH PROBLEMS: _____

FAMILY PHYSICIAN: _____

CONTACT PHONE NUMBER'S

INSURANCE POLICY: _____

INSURANCE NUMBER: _____

In case of an illness or injury to the above named student, the school is authorized to proceed in its emergency medical plan. I understand that the school is not financially responsible for individual medical, dental, ambulance, or hospital services. I realize that it will be necessary for me to inform the school of any address or phone number changes that may occur during the school year. I understand that the coaches/sponsors of my child will be prepared to take the appropriate emergency steps by keeping a copy of this form with them at all contests and activities.

Parents/Guardians' Signature

Date

I give permission for the exchange of information between the school nurse or other school representative and the student's medical provider. I also give permission for the school nurse or other school representative to copy and send this student's immunization records to schools, physician's offices, and health departments as needed.

Parents/Guardians' Signature

Date

**PERMISSION SLIP
TO
LEAVE CAMPUS**

My child, _____, has permission to leave campus for school-sponsored events during the 2007-2008 school year.

These trips may include, but are not limited to:

- Field Trips
- Yearbook Trips
- Home Ec Trips
- Club Trips

Parent Signature: _____

Date: _____

**Unified School District # 374
Sublette, Kansas 67877
HOME LANGUAGE
SURVEY
GRADES K-12**



TO BE FILLED OUT BY PARENT/GUARDIAN:

- What language did your child began to speak first? *English* *Spanish* *German*
- What language(s) is spoken in your home? *English* *Spanish* *German*
- What language(s) does your child speak? *English* *Spanish* *German*
- ¿Cual idioma aprendió su hijo/a hablar primero? *Inglés* *Español* *Alemán*
- ¿Cual es el idioma(s) que hablan en su hogar? *Inglés* *Español* *Alemán*
- ¿Cual es el idioma(s) que habla su hijo/a(s)? *Inglés* *Español* *Alemán*
- ¿Necesita intérprete para las conferencias? *Si* *No*
- ¿Quiere la información de la escuela en español? *Si* *No*
- Welche sprache Ihren kindafang gemacht hat, zuerst su sprechen? *Englisch* *Spanisch* *Deutsch*
- Welche sprache wird in euer heim an meisten gesprochen? *Englisch* *Spanisch* *Deutsch*
- Welche sprache redet euer kind an mersten? *Englisch* *Spanisch* *Deutsch*
- Felht dir eine person was deutsch redet fuer die eltern? *Ja* *Nein*
- Willst du die briefe im deutschen gesardt haben? *Ja* *Nein*

Student(s) Name(s):

Grade:

Language(s):

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Signature/Firma/Unterschrift

Date/Fecha/Datum



Transportation 2009-2010



Family's Last Name: _____

Children's Names: _____

Do you live in town or in the country? Town: Country:

If you live in the country what is your physical address:

Phone Numbers

	Home	Cell Phone	Work	Other	Other
Mother:					
Father:					
Nearest Neighbors:			Home	Cell Phone	Work

Directions to your home from Sublette:

Will your student(s) ride the bus? Yes: No:

If no one is at home when we arrive to drop off your child(ren) after school, what do you want the driver to do?

- Drop your child off anyway.
- Take my child back to the school and continue trying to call me.
- Other: _____

Mud Routes

Some parents elect to have their child(ren) walk home from their mud route stop. Do you want us to allow your child to:

- Walk home from the mud stop.
- Take my child back to the school and continue trying to call me.
- Other: _____

Parent Signature

Date