

## Alcester-Hudson School PK-12 Enrollment Information (2025-2026)

**STUDENT INFORMATION:** Are the students open enrolled? Yes \_\_\_\_\_ No \_\_\_\_\_

Students	DOB	Gender	Grade	Foster Child	Race	Hispanic or Latino	Receiving SPED Services
1. _____	_____	_____	_____	Y/N	_____	Y/N	Y/N
2. _____	_____	_____	_____	Y/N	_____	Y/N	Y/N
3. _____	_____	_____	_____	Y/N	_____	Y/N	Y/N
4. _____	_____	_____	_____	Y/N	_____	Y/N	Y/N
5. _____	_____	_____	_____	Y/N	_____	Y/N	Y/N

**HOUSEHOLD LOCATION:** Where the student physically lives.

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**HOUSEHOLD MEMBERS:** Parent(s) or Guardian(s) that live in the home with student.

**Father/Stepfather/Guardian:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

**Mother/Stepmother/Guardian:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

I/We moved to the area to obtain agricultural related employment. \_\_\_\_\_ Yes \_\_\_\_\_ No

**NON-HOUSEHOLD:** Parent not living with the student(s)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**SIBLINGS:** Living in household but not yet in school.

Name(s)	Gender	Birthdate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**EMERGENCY CONTACT:** Not living with student.

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell# (\_\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_Y \_\_\_N One/both parents in active Military (deployed or not deployed), active National Guard, and/or Active ROTC.

If yes, please include which parent, branch, and whether deployed: \_\_\_\_\_

\_\_\_Y \_\_\_N (Grades 7-12) I allow South Dakota Dept. of Education/South Dakota Board of Regents access to child's information for pro-active admissions to SD Technical institutes, colleges, and/or universities.

\_\_\_Y \_\_\_N (Grades 9-12): I grant permission for my child/rens contact information to be provided to the US Military for the sole purpose of informing students of potential career opportunities.

**By signing below, I agree with all the above statements and consents.**

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)

