

ALCESTER-HUDSON SCHOOL DISTRICT STUDENT ENROLLMENT FORM

8/1/17

ONE PER FAMILY

TO BE FILLED OUT BY PARENT OR GUARDIAN - This form becomes a part of the student's record and must be signed by the parent/legal guardian. In addition to aiding school officials, this information may be requested by government agencies. **Please keep your address and phone numbers current.** SDCL 13-27-3.1 requires the parent/legal guardian to provide the school with a **certified copy** (not hospital one) of the student's birth certificate. **NEW STUDENTS** - enrollment will not begin until all of your records are on file with us.

STUDENT INFORMATION

1) Student's LAST name (Legal - on birth certificate)		First Name	Middle Name	Birthdate Month / Day / Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Grade
Allergies/Asthma/Any Medical Conditions or On Any Medications (list)		Place of Birth		Ethnicity: Is this child Hispanic/Latino? Y N What is this child's Race? <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
Does student require any of the following services? <input type="checkbox"/> IEP <input type="checkbox"/> LEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> OT/PT <input type="checkbox"/> Other <input type="checkbox"/> Speech/Language <input type="checkbox"/> Resource		Foster Care Child <input type="checkbox"/>				
2) Student's LAST name (Legal - on birth certificate)		First Name	Middle Name	Birthdate Month / Day / Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Grade
Allergies/Asthma/Any Medical Conditions or On Any Medications (list)		Place of Birth		Ethnicity: Is this child Hispanic/Latino? Y N What is this child's Race? <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
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3) Student's LAST name (Legal - on birth certificate)		First Name	Middle Name	Birthdate Month / Day / Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Grade
Allergies/Asthma/Any Medical Conditions or On Any Medications (list)		Place of Birth		Ethnicity: Is this child Hispanic/Latino? Y N What is this child's Race? <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
Does student require any of the following services? <input type="checkbox"/> IEP <input type="checkbox"/> LEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> OT/PT <input type="checkbox"/> Other <input type="checkbox"/> Speech/Language <input type="checkbox"/> Resource		Foster Care Child <input type="checkbox"/>				

FAMILY INFORMATION (See Notification/Authorization-Directory Information on the other side)

Parents/Legal Guardian	Home Phone	Cell Phone - Mom	Cell Phone - Dad
Physical Address (House # and Street)	City	State	Zip Code
Mailing Address (PO Box) - if different from above	E-MAIL ADDRESS (used for lunch & reminders of upcoming events)		
Employer Name & Phone Number - mom	Employer Name & Phone Number - dad		

*It is the responsibility of the parent/legal guardian to **keep your address and phone numbers current** with us **at all times.***

Who has LEGAL CUSTODY? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Ward of Court <input type="checkbox"/> Parenting Plan <input type="checkbox"/> Independent	Student(s) LIVE(S) WITH? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Social Services <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Alone <input type="checkbox"/> Other Relatives	Do you consider yourself to be homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
Joint/Non-Custodial Parent Info: In some instances, there is a parent that does not live with the child but is entitled to receive report cards, etc. If the name and address is provided, we will mail them a copy.		
Name		
Mailing Address		
Relationship to child		
Copy of Court or other legal documents may be required.		
Is one/both parent/s in the Military/active National Guard or active ROTC? <input type="checkbox"/> Yes <input type="checkbox"/> No		City, State, Zip Code

ABSENCE/TARDY NOTIFICATION & PARENT NOTIFICATION SYSTEM

To ensure that both parents and the school are informed concerning a student's absence or tardiness from school, parents are required to call the Elementary (934-2171) or JH/High School (934-1890) by 8:15 am when they know their child will be absent or late. In return, the school agrees to call the parent as soon as possible after 8:30 am whenever the child does not arrive in school and the parent did not notify the school.

Please supply a phone number you can be contacted at if your child is not in class at 8:15 am.

Primary Phone Number	Secondary Phone Number
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We are using the Parent Notification System for many types of announcements ranging from school delays/closings or early dismissals to special events. You can specify either your home phone or your cell phone to be contacted by the Parent Notification System.

Notification Number to call _____

LANGUAGE SURVEY (To meet State requirements, all questions must be answered)

- 1) What is the language most frequently spoken at home?
- 2) Which language did your child learn when he/she first began to talk?
- 3) What language does your child most frequently speak at home?
- 4) What language do you most frequently speak to your child?

FIELD TRIPS I understand that trips and excursions will be taken to places in town and out of town from time to time during the school year for educational purposes, and that my child may go or remain in school, depending upon my wish. Unless I so advise the teacher in writing in the case of a particular proposed trip, it is my desire that my child shall take such excursions and trips. The teacher shall exercise due care and caution in providing for the safety of his/her pupils while on such excursions. It is understood that I hereby release the teachers and principal of the school from liability for any injury my child may sustain on such trips or excursions and agree to hold said teacher and principal blameless, beyond exercise of due care and caution, in the event of any such injury.

My student/s has permission to attend school-sponsored field or class trips. _____ Yes _____ No Parent/Guardian Initials _____

MIGRANT WORKER INFORMATION

Did you move to the Alcester-Hudson school district to obtain agricultural-related employment? _____ Yes _____ No

Please specify: _____

(If yes, please complete a Certificate of Eligibility form provided by the school office.)

CHANNEL 220 RELEASE

As the parent/guardian of the child/ren listed on this form, I give the Alcester-Hudson School District #61-1 my permission to broadcast pictures, voice, name and school related information of the aforementioned child/ren on the Alcester Community Television Cable Channel 220. The waiver of liability is valid from the date of signature until two weeks after said child/ren graduates from the 12th grade or begins attending a different school district, either of which renders this waiver null and void. This waiver may be cancelled anytime by writing a letter to the superintendent of Alcester-Hudson Schools and stating your intention to have your child/ren's name withdrawn from the broadcast list. I understand that by initialing this agreement that I give up certain legal rights. I have initialed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my initials to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have read this Waiver of Liability agreement and fully understand its terms.

_____ Parent/Guardian Initials

Verification: I verify that the information provided on this form is accurate and current, and that I am the legal parent/guardian of the student/s.

Signature of Parent/Legal Guardian _____

Date _____

SIBLINGS AT HOME THAT HAVE NOT YET ATTENDED SCHOOL

1) FULL NAME	DATE OF BIRTH
2) FULL NAME	DATE OF BIRTH
3) FULL NAME	DATE OF BIRTH

Family Educational Rights and Privacy Act (FERPA) Model Notice for Directory Information.

The Family Education Rights and Privacy Act (FERPA), a Federal law, requires that Alcester-Hudson School District with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Alcester-Hudson School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Alcester-Hudson School District to include this type of information from your child's education records in certain school publications. Examples include: A playbill, showing your student's role in a drama production; the annual yearbook; Honor roll or other recognition lists; Graduation programs; and Sports activity sheets, such as for wrestling, showing weight and height of team members. Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories - names, addresses and telephone listings, - unless parents have advised the LEA that they don't want their student's information disclosed without their prior written consent.** Alcester-Hudson School District has designated the following information as directory information: Student's Name, Address, Telephone Listing, Electronic Mail Address, Photograph, Date & Place of Birth, Major Field of Study, Dates of Attendance Grade Level, Participation in officially recognized activities and sports, Weight & Height of Members of Athletic Teams, Degrees, Honors & Awards Received, The Most Recent Educational Agency or Institution Attended. The SD DOE/Regents program will also be using the student's information to send out letters regarding pro-active admissions.

** These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the No Child Left Behind Act of 2001 (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the National Defense Authorization Act for Fiscal Year 2002 (P.L. 107-101), the legislation that provides funding for the Nation's armed forces. 13-28-50. School districts to provide student mailing lists to Board of Regents and postsecondary technical institutes--Use in providing post-secondary school information--Exception. By November first each year, each school district shall provide a list of students by name in grades seven to twelve, inclusive, together with their mailing addresses, to the executive director of the Board of Regents and to each postsecondary technical institute located in the state. The board and each postsecondary technical institute shall use the information to inform the parents and guardians of any such student in any public middle school and high school about the courses needed to prepare for postsecondary-level work and about the benefits of such preparation. However, no school district may forward the name of any student whose parent has directed that the school district not release directory information about the student. The board shall provide a format through which the information may be submitted.

I allow my student's information to be released. _____
Parent Signature

OR
I do NOT allow my student's information to be released. _____
Parent Signature