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| --- | --- | --- |
| Nye County School District  *BEATTY HIGH SCHOOL*  *2015 - 2016*  **Enrollment** **Form** |  | **OFFICE USE ONLY**  Homeroom Teacher/Pod:  Grade School  Entry Code Entry Date  ID#  HL:  Bus Stop  Grid #:  Guardian/Legal Documents on file at school: Y N  Proof of Residency: Y N |
| INSTRUCTIONS: Please print all information. Under Nevada State Law, all new students must present a birth certificate, immunization document and if available, the withdrawal from the school student previously attended. |

Student Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | | First Name | | Middle Name | | Suffix (Jr., III) | | Gender  Male  Female |
| Mailing Address | | | City | | State | | | Zip |
| Physical Address (if different from above) Zip | | | County | | Phone No. unlisted | | | Birth date |
| Social Security No. | Student’s Ethnicity  Asian  American Indian/Alaskan Native  Black or African American  Native Hawaiian/Other Pacific Islander  Hispanic  White | | | | | | Place of Birth (City/County/State) | |

Parent/Guardian Information (Step parent by marriage or guardian by notarized or legal document)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Relationship:  Father  Guardian  Stepfather  Foster  Host Family | Last Name | | | First Name | | | | Prefix (Mr., Mrs., Ms.) |
| Street Address | City | | State | Zip | | Home Phone:  Cell: | | |
| Employer | | Work Phone – Ext. | | | Hours Worked | | E-mail Address | |
| Relationship:  Mother  Guardian  Stepmother  Foster  Host Family | Last Name | | | First Name | | | | Prefix (Mr., Mrs., Ms.) |
| Street Address | City | | State | Zip | | Home Phone:  Cell: | | |
| Employer | | Work Phone – Ext. | | | Hours Worked | | E-mail Address | |

Non-Custodial Parent (joint legal custody but does not have physical custody) or Deceased Parent

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Relationship  Father  Mother  Legal Guardian | | Last Name | | First Name | | | Prefix (Mr., Mrs., Ms.) | Deceased |
| Street Address | City | | State | | Zip | Home Phone:  Cell: | | |

*NOTE: Natural parents have full access to student information files, unless the court orders otherwise.*

Emergency Contact Information is Required

Persons other than parent/guardian who may be contacted to pick up student if the parent/guardian is unable to be reached in an emergency:

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship | Last Name | First Name | Telephone Number |
| Relationship | Last Name | First Name | Telephone Number |
| Relationship | Last Name | First Name | Telephone Number |

Health Screening Approvals

Yes No Vision & Hearing (Grades: K,4,7,10) Yes No Scoliosis (Grade 7 ONLY)

Medical Insurance Disclaimer

I understand that the school *does not provide medical insurance* for student injuries but does make voluntary student insurance available. I have received the insurance information on this program.

I decline the student insurance at this time  I plan to enroll my child in this program

X

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



*Revised 05/01/15 ts Pg 1*

School Background Information

|  |  |  |  |
| --- | --- | --- | --- |
| Last school attended | City/County | State | Date |

Has your child ever attended a school in Nye County?  Yes (list below)  No

|  |  |  |  |
| --- | --- | --- | --- |
| Nye County school attended | City | State | Date |

Has your child ever attended a school in Nevada?  Yes (list below)  No

|  |  |  |  |
| --- | --- | --- | --- |
| Nevada school attended | City/County | State | Date |

Have parents/guardians moved within the last three years from another country/state due to working in agriculture, fishing, or dairy activities?  Yes  No

Special Services

Please indicate any Special Services the student has received:

Preschool  Early Childhood  Head Start  Pre-K Program

Special Education classes  Speech/Language  Special reading program  Current IEP

ESL / Bilingual Program  Current 504 Plan  Talented/Gifted program  Adaptive P.E.

Counseling services  Resource Specialist Program Other:

Siblings in Nye County School District

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | GRADE | SCHOOL | BIRTHDATE |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

Home Language Survey (must answer)

**\*1.** Is a language other than English used in the home?  No  Yes (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*2.** Did the student have a first language other than English?  No  Yes (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*3.** Does the student most frequently speak a language other than English?  No  Yes (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have answered one of the above statements “Yes,” please complete the information below:**

**Select the statement that best describes your child’s language ability:**

**\*** If you have answered “yes” to any of these questions, your child will be tested for the Limited English Proficiency Program.

\* Speaks ONLY the language other than English

\* Speaks MOSTLY English but some of the language other than English

\* Speaks MOSTLY the language other than English, but speaks some English

\* Speaks BOTH the language other than English and English equally well

*Country of birth* : *Most recent entry date to the U.S*. :

Previous Schools Attended: (list schools attended for the last three years)

|  |  |  |
| --- | --- | --- |
| Year | School Name | State/Country |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

EMERGENCY/MEDICAL INFORMATION

Please list any medical conditions your child has of which the school should be notified.

|  |  |
| --- | --- |
| Medical Alert 1: | Medical Alert 2: |

IN THE CASE OF AN EMERGENCY MY CHILD TAKES THE FOLLOWING MEDICATION(S) AT HOME

AND/OR SCHOOL:

PLEASE NOTE: For medications given at school, a doctor’s note and full instructions must accompany a clearly marked current child resistant prescription bottle for prescribed medication. You will also need to sign a parental permission form for NCSD personnel to administer medication (to be renewed each school year). This includes over the counter medication, i.e.; Aspirin, Acetaminophen, etc.

HEALTH INFORMATION

Indicate any health problems the student has:

Arthritis  Heart defect or disease  Sight impaired  Asthma

Internal irregularities  Surgical  Convulsive seizures  Kidney/Bladder

Glasses/contacts  Unable to take P.E.  Unstable/Stable Diabetes  Physical handicap

Hearing loss  Had chicken pox  Allergies list: Mild  Severe

Other health problems:

Preferred Doctor or Medical Facility Telephone No.

FOR SCHOOL USE ONLY (Do not write in this area)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BC | IMM | FT= Yes  No | DGS=  Yes  No |  |
| INS  Yes  No | MEDS  Yes  No | RDG (K-1)  Yes  No | RDG (1-3)  Yes  No | Technology Use Form  Yes  No |
| Student Handbook  Yes  No | Release of Info  Yes  No | Enrollment Code | Nevada Supp  Yes  No |  |

*Revised 05/01/15 ts Pg 2*