|  |  |  |
| --- | --- | --- |
| 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 [ ] NProof 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*