



Student Enrollment Form

Please print answers to ALL questions.

Student Information

Student Last Name (as indicated on birth certificate) _____ Student First Name (as indicated on birth certificate) _____ Middle Name (as indicated on birth certificate) _____ Suffix (Jr., III, etc.) _____ Name Called _____

Street Address _____ City _____ Zip _____ Preferred Phone _____

NOTE: The phone number listed above will receive automated messages from the school. This can be a home or cell number.

Mailing Address, if different: _____ Preferred Email _____

Ethnicity and Race

- 1) Are you Hispanic or Latino? Yes No
- 2) Race: (check all that apply)
- American Indian or Alaskan Native Asian
- Native Hawaiian or Pacific Islander Black
- White
- 3) What is your student's reporting ethnicity? (check one)
- American Indian or Alaskan Native Asian
- Native Hawaiian or Pacific Islander Black
- Two or more races White

Place of Birth

City, State OR country if not US

Birthdate

Student Support Services (Special Ed) Information:

Does your student have the following?

IEP Yes No
504 Accommodation Plan Yes No

Has student ever attended another school in Newberry School District? Yes No
If yes, name school in blank below: _____

Is this the 1st School the student has attended in US? Yes No
If no, date of entry into US School? _____

Grade Level

Has student been retained?
 Yes No

Gender

Male
 Female

Transportation

AM:

Car Bus _____
 After School
 Day Care
 Other: _____
 Driver: _____

PM:

Car Bus _____
 After School
 Day Care
 Other: _____
 Driver: _____

Parent/Legal Guardian Information

Student Lives With: (check all that apply) Both Parents Mother Father Step Parent* Foster Parent* Legal Guardian* Other*

*Who has legal custody? _____
Printed Name Relationship

Are there copies of legal guardianship / custody papers on file at school? Yes No Not Applicable

Legal Mother of Student: (Parent listed on Student's birth certificate or court-issued custody document)

Last Name First Name Middle Name

Street Address (if different from student's) City Zip

Home Phone Work Phone Cell Phone

DOB Email Address

Employer Occupation

Is contact allowed at work? Yes No

Marital Status Married Divorced Separated Single

Legal Father of Student: (Parent listed on Student's birth certificate or court-issued custody document)

Last Name First Name Middle Name

Street Address (if different from student's) City Zip

Home Phone Work Phone Cell Phone

DOB Email Address

Employer Occupation

Is contact allowed at work? Yes No

Marital Status Married Divorced Separated Single

STATEMENT OF RESIDENCY

I am the undersigned and the parent OR legal guardian of the Student being registered. This Student resides with me and my place of residence is within the boundaries of the School District of Newberry County and the attendance area for this school. By my signature below, I am affirming that all information provided is accurate and truthful.

IMAGE/TECHNOLOGY USE PARENT PERMISSION

Information about the School District of Newberry County is routinely made available to the public through a wide range of mass media. This includes local newspapers, television and radio stations, district/school newsletters, student newspapers and the Internet. In order to protect a student's privacy while also providing opportunities for student recognition, the School District of Newberry County requires that parental permission be obtained before any student's image or name is used.

I give my permission for my Student to appear in a photograph, videotape, or slide. This includes individual school pictures, videos of programs, yearbook and classroom activities, athletics and extracurricular activities, local news media (newspapers, radio and television) district/school newsletters and the district website. In addition, I give my permission for the school to release directory information (name, address, phone number). This request is used most frequently for high school students (academic teams, athletics, band/music)

Yes **No**

Technology is a vital part of the education and curriculum of the School District of Newberry County. Computers and the Internet are available to all students thereby allowing them access to educational materials worldwide. Your permission is required before students are allowed to use this equipment.

I give my permission for my Student to use the technology resources the district has provided and will read and encourage my Student to follow the terms of the Acceptable Use Policy posted on the district website

Yes **No**

Last Three Schools Attended: (Most recent first)

Student Name: _____

_____	_____	_____	<input type="checkbox"/> Public <input type="checkbox"/> Private
Name of School #1	Address of School	Grade	<input type="checkbox"/> Alternative
_____	_____	_____	_____
Phone Number	Fax Number	Dates of Attendance	District
_____	_____	_____	<input type="checkbox"/> Public <input type="checkbox"/> Private
Name of School #2	Address of School	Grade	<input type="checkbox"/> Alternative
_____	_____	_____	_____
Phone Number	Fax Number	Dates of Attendance	District
_____	_____	_____	<input type="checkbox"/> Public <input type="checkbox"/> Private
Name of School #3	Address of School	Grade	<input type="checkbox"/> Alternative
_____	_____	_____	_____
Phone Number	Fax Number	Dates of Attendance	District

Siblings: List all other children living in the home

Last Name	First Name	Middle Name	Grade / Age	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Contacts: Please provide information for people allowed to pick up student or whom we could call in an emergency if we are unable to reach the parents.

Name	Relationship to Student	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent Signature _____ Date: _____

 Student Last Name Student First Name Middle Name Suffix (Jr., III, etc.) Birthdate

 Physician / Doctor Phone Dentist Phone Grade Teacher

 Insurance Company Name of Insured Policy Number

<p align="center"><u>Corrective Treatment</u></p> <p>Does your Student have any of the following corrective treatments / equipment?</p> <p><input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Other _____</p>	<p align="center"><u>Medical Conditions</u></p> <p>Does your Student have any of the following medical conditions?</p> <p><input type="checkbox"/> Heart <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other _____</p>
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Allergies

Allergy	If yes, list	Describe reaction	List medication to treat allergy
Medication <input type="checkbox"/> Yes <input type="checkbox"/> No			
Food <input type="checkbox"/> Yes <input type="checkbox"/> No			
Environment <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other <input type="checkbox"/> Yes <input type="checkbox"/> No			

Medication

Please list any medication (prescription, over-the-counter, or herbal) that your Student takes on a regular or as needed basis. Also indicate if medication is given at home or school.

Name of Medication	Taken at Home	Taken at School	Will be required during DAY fieldtrips	Will be required during OVERNIGHT fieldtrips
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If your Student will need to take any medication while at school, please ask for our Medication Policy and required Medication Permission Forms.

RELEASE OF INFORMATION AND MEDICAL TREATMENT CONSENT

I hereby give the School District of Newberry County permission to use this information where necessary to benefit my Student. I also give the School District Of Newberry County permission to provide health related services to my Student. In case of an emergency, if a parent/guardian or alternate person(s) cannot be reached, I give permission for my Student to be transported by EMS for emergency medical treatment to the nearest hospital. In such cases, the parent/guardian will be responsible for payment of costs.

FIELD TRIP HEALTH CHANGES / MEDICATION REQUIREMENTS

I understand it is my (parent / guardian) responsibility to notify the school nurse at least two weeks prior to the field trip, whether overnight or day, of any health changes / concerns / or medications needed on trip that are different from above. If medication is needed on field trip other than medication already at school, I (parent / guardian) am responsible for completing a School District of Newberry County Medication Form and bringing medication to the school nurse at least 2 weeks prior to the field trip.

Parent Signature _____ Date: _____