

Nye County School District

INSERT YOUR SCHOOL NAME HERE

2013 -2014

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: <input type="checkbox"/> Y <input type="checkbox"/> N	
Proof of Residency: <input type="checkbox"/> Y <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		City	State	Zip
Physical Address (if different from above)		Zip	County	Phone No. <input type="checkbox"/> unlisted
Birth date	Social Security No.			Place of Birth (City/County/State)
Student's Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White				

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

Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster <input type="checkbox"/> Host Family	Last Name	First Name	Prefix (Mr., Mrs., Ms.)
Street Address	City	State	Zip
Employer	Work Phone - Ext.	Hours Worked	E-mail Address
Home Phone: Cell:			
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster <input type="checkbox"/> Host Family			
Last Name	First Name	Prefix (Mr., Mrs., Ms.)	
Street Address	City	State	Zip
Employer	Work Phone - Ext.	Hours Worked	E-mail Address
Home Phone: Cell:			

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

Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	Last Name	First Name	Prefix (Mr., Mrs., Ms.)	<input type="checkbox"/> 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 Height & Weight (Grades: 4,7,10) Yes No Scoliosis (Grade 7 ONLY)

Medical Insurance Disclaimer/Release of Student Information

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

Parent/Guardian Signature: X Date: _____

RELEASE OF DIRECTORY INFORMATION: In accordance with the Family Education Rights and Privacy Act, and by Nye County School District Policy, your permission is required before the school can release any information about your students. (This includes honor roll, awards lists, and participation in sports that may be published in the newspaper or the yearbook.) IN NO CASE WILL YOUR CHILD'S ADDRESS OR TELEPHONE NUMBER BE RELEASED WITHOUT YOUR EXPRESSED APPROVAL.

Do not restrict release of student information
 RESTRICT release of student information

High School:
 _____ Do not restrict release of information to military recruiter(s)
 _____ RESTRICT release of information to military recruiter(s)

Parent/Guardian Signature: X Date: _____

School Background Information

Last school attended	City/County	State	Date
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Has your child ever attended a school in Nye County? Yes (list below) No

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

Nevada school attended	City/County	State	Date
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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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Head Start | <input type="checkbox"/> Pre-K Program |
| <input type="checkbox"/> Special Education classes | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Special reading program | <input type="checkbox"/> Current IEP |
| <input type="checkbox"/> ESL / Bilingual Program | <input type="checkbox"/> Current 504 Plan | <input type="checkbox"/> Talented/Gifted program | <input type="checkbox"/> Adaptive P.E. |
| <input type="checkbox"/> Counseling services | <input type="checkbox"/> Resource Specialist Program | <input type="checkbox"/> 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:

- * 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

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

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:
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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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart defect or disease | <input type="checkbox"/> Sight impaired | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Internal irregularities | <input type="checkbox"/> Surgical | <input type="checkbox"/> Convulsive seizures | <input type="checkbox"/> Kidney/Bladder |
| <input type="checkbox"/> Glasses/contacts | <input type="checkbox"/> Unable to take P.E. | <input type="checkbox"/> Unstable/Stable Diabetes | <input type="checkbox"/> Physical handicap |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Had chicken pox | <input type="checkbox"/> Allergies list: | <input type="checkbox"/> Mild <input type="checkbox"/> Severe |

Other health problems:

Preferred Doctor or Medical Facility

Telephone No.

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

BC	IMM	FT= <input type="checkbox"/> Yes <input type="checkbox"/> No	DGS= <input type="checkbox"/> Yes <input type="checkbox"/> No	
INS <input type="checkbox"/> Yes <input type="checkbox"/> No	MEDS <input type="checkbox"/> Yes <input type="checkbox"/> No	RDG (K-1) <input type="checkbox"/> Yes <input type="checkbox"/> No	RDG (1-3) <input type="checkbox"/> Yes <input type="checkbox"/> No	Technology Use Form <input type="checkbox"/> Yes <input type="checkbox"/> No
Student Handbook <input type="checkbox"/> Yes <input type="checkbox"/> No	Release of Info <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment Code	Nevada Supp <input type="checkbox"/> Yes <input type="checkbox"/> No	