

ENROLLMENT FORM

Labette County High School

Student Number: _____

Student's FULL Legal Name: _____ Grade: _____

(First) (Middle) (Last)
Race/Ethnicity: Hispanic Ethnicity: Amer. Indian Asian Black Hawaiian/Pac Islander White

Home Address: _____ Student Personal Cell Phone #: _____

City: _____ State: _____ Zip: _____ Gender: _____ Social Security #: _____

Resident School District Number: _____ Birthdate: _____

Mailing Address: _____ Preferred First Name: _____

City: _____ State: _____ Zip: _____ Place of Birth: _____

Home Phone: _____ State Birth Certificate #: _____

Father/Guardian: _____ Father's email: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Mother/Guardian: _____ Mother's email: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Please indicate with whom the student lives: Parents Single Mother Single Father Grandparents
 Mother & Stepfather Father & Stepmother Foster Parents Other: _____

Other Parent Information - Enter only if a parent does not live full time in the child's household.

Name: _____ Email address: _____

Do we need to mail separate grade cards, etc. to the non-residential parent? Yes or No Relationship to student: _____

Mailing address: _____ Home Phone: _____

City, State Zip: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Emergency Information

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot reach you, please provide the name of a relative or close friend that we may contact.

Emergency Contact: _____ Phone: _____ Relationship: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Doctor's name: _____ Phone: _____ Allergies: _____

List any Medical Comments/Considerations: _____

List any Medical Alerts: _____

Other Information

Does this student receive Special Education Services? Yes or No

Is this student in the Gifted Program? Yes or No

Does this student have a parent actively in the military or reserves? Yes or No

Please send grades to my email. Postal mailings are unnecessary. Please send grades by US Postal service.

Guardian Alert: _____

Previous School Name and City: _____

Please continue to the other side of this enrollment form.

Survey

1. What language did your child first learn to speak/use? English ___ Spanish ___ Other _____
2. What language does your child most often speak/use at home? English ___ Spanish ___ Other _____
3. What language do you most often speak/use with your child? English ___ Spanish ___ Other _____
4. What language do the adults at home most often speak/use? English ___ Spanish ___ Other _____
5. Have you or a member of your family moved in the last 36 months to do, or apply for, agriculture or fishing related work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work? Yes ___ No ___
6. Have your children moved with or to join the worker above in the past 36 months? Yes ___ No ___

Parent/Guardian Information:

In which language do you read/write? English ___ Spanish ___ Other (please specify) _____

Siblings under 5 Years old

Please list all children in the household who are 5 years of age and under.

Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:

Parent / Guardian / Student Authorization Form (initial to agree with the statements)

(All forms referred to below can be obtained from the USD 506 website or on request at the school office.)

Parent/Guardian: I, the parent and legal guardian of _____, give my consent for my child to participate in field trips/other activities taken by Labette County High School during the 20__-20__ school year. I further give my legal consent and authorize any representative of Labette County High School to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801, and any hospital. I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child. I acknowledge and agree that Labette County High School is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current work and home phone numbers to the school.

___ I understand FERPA/SDPA - Family Educational Rights and Privacy Act/Student Privacy Data Act will be followed by the school which may release the following directory information: (grade, name, activities, photo) without permission.

___ I accept the USD 506 Acceptable Use Policy and give my permission for him/her to utilize the district's technology resources. I understand that it is designed for educational purposes.

___ I give permission for him/her to be assigned a Google Apps Account.

___ I give permission for his/her picture to be used in the news articles on the website and/ or Facebook.

___ I release his/her image to be posted in the banners of the USD 506 website.

___ I understand and will abide by the Bring Your Own Device Policy and guidelines.

___ I agree to the guidelines and procedures outlined on the Device Check Out Form and agree to take full responsibility (including financial) for the device.

___ I understand the Parent/Student/Teacher Compact and will provide the best educational experience possible for my student.

___ I give permission for his/her picture to be published in local newspapers.

___ I give permission for my child to participate in the Kansas Communities That Care Student Survey (gr 6 & 8).

___ I give consent for treatment by the Community Health Center of SEK for mental health services. I understand that services are available without discrimination prohibited by federal and state law. If consenting for a minor child, I understand that no treatment will be given without my knowledge or consent unless it is an emergency.

___ There may be occasions on which we need to communicate with your physician, health department, or dentist for health information. I agree to allow such contact.

Student:

___ I agree to adhere to the Google Apps Use guidelines for the use of my Google Apps Account.

___ I understand and will abide by the USD 506 Acceptable Use Policy.

___ I understand and will abide by the Bring Your Own Device Policy and Guidelines.

___ I agree to the Student/Parent/Teacher Compact and will work to the best of my ability.

Student Signature _____

Legal Parent/Guardian Signature _____

Date _____