

ENROLLMENT FORM

Labette County High School

Student Number: _____
Locker: _____
Padlock #: _____
Combination: _____

Student's FULL Legal Name: _____ Grade: _____

Race/Ethnicity: Hispanic Ethnicity: Amer. Indian Asian Black Hawaiian/Pac Islander White

Home Address: _____ Gender: _____

City: _____ State: _____ Zip: _____ Birthdate: _____

Resident School District Number: _____ Student Personal Cell Phone #: _____

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: _____

Unless requested, grade cards will be sent to the parents email address.

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

Name: _____ Email address: _____

Please mail separate grade cards, etc. to the non-residential parent. 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? Is this student in the Gifted Program?

Does this student have a parent actively in the military? Parent in the National Guard/Reserves?

Guardian Alert:

Previous School Name and City: _____

Please continue to the other side of this enrollment form.

Student's name: _____ Gr: _____

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____
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 _____ Other_____

Parent/Guardian Information:

In which language do you read/write? English____ Spanish____ Other (please specify)_____

Parent/Guardian/Student Authorization Form

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

Parent/Guardian: (Please initial the statements you agree with & sign below.)

I, the parent and legal guardian of _____, 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 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.

FERPA/SDPA - Family Educational Rights and Privacy Act/Student Data Privacy Act will be followed by the school which may release the following directory information: (student's name, address, phone number, date and place of birth, honors and awards, and dates of attendance) without my permission. USD 506 shall make student recruiting information (including student name, address, and telephone listing) available to military recruiters unless the parent provides a written request to the district to opt out their child.

_____ 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.

_____ I give permission for my child to participate in the Kansas Communities That Care Student Survey (gr 10 & 12).

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

_____ I give permission for my student to be assigned a Google Apps Account.

_____ I give permission for my student's picture to be used in the news articles on the website and/ or Facebook.

_____ I release my student's 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.

_____ My student has my permission to drive to and from school. I hereby agree to assume the responsibility of seeing that he/she obeys the rules and regulations as stated in the LCHS Driving Permit policy and understand he/she may lose the privilege of driving if these rules are violated.

Student: (Please initial to agree with the statements and sign.)

_____ 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 will abide by the guidelines and policies to obtain a parking permit at Labette County High School.

Parking Permit

For School Use Only:

Make:	Model:	Year:	Color:	
Make:	Model:	Year:	Color:	

Student Signature _____

Legal Parent/Guardian Signature _____

Date _____