

ENROLLMENT FORM

PRAIRIE VIEW U.S.D. 362

Student's FULL Legal Name: _____ Grade: _____
(First) (Middle) (Last)

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Student's Cell Phone: _____

Mailing Address SAME as Home Address. Gender: _____ Social Security #: _____

Mailing Address: _____ Birthdate: _____ Birth Place: _____

City: _____ State: _____ Zip: _____ Preferred First Name: _____

Resident School District Number: _____ State Birth Certificate #: _____

Father/Guardian: _____ Email address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Mother/Guardian: _____ Email address: _____

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: _____

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

Name	Birthdate	Name	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____

Automated Phone Calling System - Home contact phone number: _____; Mother contact phone number: _____; Father contact phone number: _____.

Non-Custodial Information - Enter only if a parent does not live in the child's household.

Name: _____

Do we need to mail separate gradecards, etc. to the non-custodial parent? NO or YES

Mailing address: _____ City, State Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)

Part A: Is this student Hispanic/Latino? (Choose only one)

___ No, not Hispanic/Latino

___ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking what you consider your student's race to be.

Part B: What is the student's race?

___ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

___ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

___ Black or African American (A person having origins in any of the black racial groups of Africa.)

___ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

___ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Student's name: _____

1. If new to USD 362, previous school: _____
2. Does this student receive Special Education Services? _____
3. Has this student ever attended another school in USD 362? _____ If so, which school? _____
4. Is this student a bus Rider? _____ To and from what address? _____
5. Number of miles from home to school: _____
6. Does this student have a parent actively in the military? _____
7. What was your student's original date of enrollment into a state of Kansas school? (Can be approx.) _____

Emergency Information

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

Emergency Contact: _____ Phone: _____ Relationship: _____

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Family Physician (Name & Telephone Number): _____

Family Dentist (Name & Telephone Number): _____

HEALTH INSURANCE: (Please Circle) Group Health Insurance Medicaid HealthWave Social Security No Insurance

Place a check mark by any health problem(s) that pertain to your child. Further explanation may be necessary on the lines below:

<u>CONDITION:</u>	<u>EXPLAIN:</u>	<u>CONDITION:</u>	<u>EXPLAIN:</u>
Diabetes _____		Urinary (bladder/kidneys) _____	
Allergies/Asthma _____		Neurological (seizures) _____	
Orthopedic(bone problems) _____		Vision (glasses/contacts) _____	
Heart Conditions _____		Hearing _____	
Blood Disorders _____		Surgeries _____	
Respiratory _____		Hyperactivity _____	
Digestive Disorders _____		Other _____	

HAS YOUR CHILD HAD CHICKEN POX? (Please Circle) Yes No **If yes, please give date of disease** _____

MEDICATIONS: If your child is currently taking medication on a regular basis, please list the name of the drug, and the reason for taking it: _____

List any Medical Alerts or Medical Comments/Considerations below:

	HEALTH OFFICE USE ONLY: <small>IMM-Tdap IPV MMR VAR HEP B PREVNAR HEP A VAR DX DATE BC HA CP MED EXEMPT ASTHMA PLAN ALLERGY PLAN MEAL SUB MED FORM</small>
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If none of the above options are available and it is deemed a true medical emergency by the school, I give permission for USD #362 to have an ambulance transport my child to the following hospital: _____ for treatment in the emergency department. If no preferred hospital is listed, Miami County Medical Center is the closest facility and may be utilized. I understand that USD #362 is not financially responsible for individual medical, dental, emergency transportation, or hospital services.

I understand the emergency procedure to be followed as stated above.

ALL medications administered at school require WRITTEN physician instruction and signatures from both the physician and the parent. I give my authorization for USD #362 School Nurses and our physician/associates &/or agencies to exchange information about my child's health and medications. I give my permission for the information in my child's health records to be shared with other appropriate professionals. I give consent for my child's immunization information to be released to the Kansas Immunization Program for the purpose of assessment, reporting, and addition to the state immunization registry.

It is the parent/guardian responsibility to notify the school immediately of changes in address, phone number, or emergency caregivers.

Legal Parent/Guardian Signature

Date