

**NECEDAH AREA SCHOOL DISTRICT
ENROLLMENT FORM**

DATE OF ENROLLMENT _____
Month _____ Date _____ Year _____

FULL NAME OF STUDENT _____ GRADE _____

DATE OF BIRTH _____ SEX _____ SOCIAL SECURITY # _____

PLACE OF BIRTH _____
City/Town _____ County _____ State _____

NAME OF SCHOOL LAST ATTENDED _____ SCHOOL PHONE _____

SCHOOL ADDRESS _____ SCHOOL FAX _____

PRIMARY PHONE _____ SECONDARY PHONE _____
(To be used for Automated Call List) (To be used for Automated Call List)

FATHER'S NAME _____ EMAIL ADDRESS _____
STREET ADDRESS _____ P.O. BOX _____ HOME PH. _____
CITY, STATE, ZIP _____ CELL _____ WORK _____

MOTHER'S NAME _____ EMAIL ADDRESS _____
STREET ADDRESS _____ P.O. BOX _____ HOME PH. _____
CITY, STATE, ZIP _____ CELL _____ WORK _____

LEGAL GUARDIAN AT TIME OF ENROLLMENT _____
(In the question of guardianship, court documents must be presented for reproduction at time of enrollment)

- Federal law requires that we report the number of students attending our school according to the following two questions:
1. Ethnicity: Is this student Hispanic or Latino (Choose only one)
_____ No, not Hispanic or Latino _____ Yes, Hispanic or Latino
 2. Race: (You must choose *at least one*, you may choose more than one)
_____ Asian _____ American Indian or Alaska Native _____ Black or African American
_____ Native Hawaiian or Other Pacific Islander _____ White

Please provide two emergency contacts, in case of emergency and parent cannot be reached:

Name _____	Relationship _____	Cell _____	Home _____
Name _____	Relationship _____	Cell _____	Home _____

Children ages 0-21 living in the home who are NOT currently enrolled in school:

Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____

Please check if your child has received any of the following support services:
IEP _____ 504 Plan _____ Title I Reading _____/Math _____ Mental Health Counseling _____ Medical Needs _____
English as 2nd Language _____ Primary language spoken in the home _____

Home Language Survey - Necedah Area School District

FOR STAFF COMPLETION TO BE COMPLETED FOR ALL NEW STUDENTS			
ESL File Opened	ESL Test Date	Today's Date	Test
<input type="checkbox"/> Yes <input type="checkbox"/> No			
ESL Evaluator		ESL Level	Placement

PARENT/GUARDIAN HOME LANGUAGE SURVEY	
Student's Name	Grade

Relationship of Person Completing Survey

Mother
 Father
 Guardian
 Other *Specify*

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate

	English	Other	Other Language(s)
1. What language did the child learn when she or he first began to talk?	<input type="checkbox"/>	<input type="checkbox"/>	
2. What language does the family speak at home most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
3. What language does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
4. What language does the child speak to her/his parent(s) most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
5. What language does the child hear and understand in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
6. What language does the child speak to her/his siblings most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
7. What language does the child speak to her/his friends most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
8. Can an adult family member or extended family member speak English?	<input type="checkbox"/>	<input type="checkbox"/>	
Can they read English?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do the parents/guardians request oral and/or written communications from school to be in English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Written
	If no, in what language		

SIGNATURE	
Signature of Person Completing Survey	Date Signed

Media Release Permission Form

There are many instances throughout the school year when students may be photographed or filmed for publicity of classroom instruction and school events, or recognition of student achievements. Examples include, but are not limited to:

- Student of the month
- Honor Roll
- Classroom projects
- Musical performances
- Athletic contests
- Organization/Club events
- Awards programs
- Graduation

These photographs or films may be utilized with a variety of media sources such as newsletters, newspapers, radio, television, and the school website.

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

I, the parent/guardian of the above-named student,

- give
- do not give

permission for my child to be recognized through the news media, for my child to be photographed or filmed by the media and/or school district, for my child to be interviewed, for my child's age/grade to be released, and for my name to be released for use with my child's recognition.

Date: _____

Parent/Guardian Signature: _____

*Please return the form to the office of your student's school. If this form is not received **within 5 days of enrollment, it will be understood that permission has been given.***

This form will be completed only one time and kept on file while enrolled at Necedah Area School District.

Transportation Request Form

Student Name(s) _____

Date _____

Please check **one** option:

- Will never ride the bus
- Will ride the bus in the morning only
- Will ride the bus both morning and afternoon
- Will ride the bus in the afternoon only

If riding the bus, please indicate where they will be getting picked up and dropped off.

Morning Bus Plan

Name/Relationship (parent, grandparent, babysitter, etc.)

Address

Phone

Afternoon Bus Plan

Name/Relationship

Address

Phone

*In case of an emergency, please send a note in the morning or call the office no later than 2:00 p.m. to arrange for an alternate bus plan. It is for the safety of your children that we have ample time to notify teachers, students, bus drivers, etc. Thank you for your cooperation!

**STUDENT HEALTH INFORMATION
2019-2020**

Student Name _____ Grade _____

Does the student have current **Health Concerns**? (If YES, please fill in further information below)

- | | | |
|--|---|--|
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Dog/Pet Allergies | <input type="checkbox"/> Other Allergies | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bee Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Other Health Concerns |

If any of the above **Health Concerns** are checked above, please list specific condition/allergy and what treatment might be necessary at school for the health condition:

Does the student take any **medications** that the school should be aware of? If yes, please list the medications below:

Will your student receive medication at school? If yes, please list the medication below and fill out proper paperwork:

Medications: If your child has medication(s) to treat their health condition, please make those medications available at school. This is especially true for:

- Inhalers for Asthma
- Epi-Pens for Allergies
- Glucagon for Diabetes
- Diastat for Seizures

Parents must complete a **Permission to Administer Medication** form each school year and provide the medication in the original labeled container.

Serious Allergies: If your child has a severe allergy, it is important for parents to work with the school nurse. The school nurse will need to know about the allergy so that student-specific prevention and treatment plans can be implemented. Please start by completing an **Allergy Treatment Plan**. The school nurse will work with the principal, teachers, food service and bus service to help minimize the risk that your child is exposed to the allergen while in school.

Sports and other out-of-school Activities: It is important that you communicate with the coach about any health conditions your child has. Please talk with the coach about how to manage your child's health condition when the child is involved in the activity. Make sure the coach knows how to contact you if there are concerns.

I am the parent or legal guardian and certify the above information is true. I give consent for this information to be shared with relevant staff. In emergencies, school authorities may call Emergency Medical Services without financial obligation to the district. I further agree that if my son/daughter receives medical treatment and/or is hospitalized, his/her name shall be released to school district officials upon their request.

Signature of Parent/Guardian

Date