

# NEAH-KAH-NIE SCHOOL DISTRICT STUDENT ENROLLMENT FORM

THIS ENROLLMENT FORM IS AN OFFICIAL RECORD. THE QUESTIONS ON THIS FORM ASK FOR IMPORTANT INFORMATION THAT WILL HELP PROVIDE SERVICES FOR YOUR CHILD. SOME QUESTIONS HAVE SUPPORTING EXPLANATION. IF YOU NEED FURTHER INFORMATION, PLEASE CONTACT YOUR SCHOOL. PLEASE PRINT USING A BALL-POINT PEN, AND COMPLETE ALL PAGES.

## Student Information

|                                    |   |                                |       |          |  |            |       |
|------------------------------------|---|--------------------------------|-------|----------|--|------------|-------|
| Legal Last Name                    |   | Legal First Name               |       |          | Middle Name  | Suffix     |       |
| Preferred Last Name (If different) |   | Preferred First Name           |       |          | Gender<br>M <input type="checkbox"/> F <input type="checkbox"/>  | Birth Date | Grade |
| Home Phone No.<br>( )              | Unlisted?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security No. (Optional) |       |          | City, State, Country of Birth  |            |       |
| Home Address                       |   | City                           | State | Zip Code | Is Mailing Address same as Home Address Yes <input type="checkbox"/> No <input type="checkbox"/>   |            |       |
| Different Mailing Address          |   | City                           | State | Zip Code | Release of Directory Information<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Please see "Student Handbook."<br><b>(For High School Students Only)</b> Federal law requires release of student information to military recruiters. If you <b>do not</b> want this information released for your child, you must select "Opt Out." <input type="checkbox"/> Opt Out<br><a href="http://www2.ed.gov/policy/gen/guid/fpco/hotspot/ics/ht-10-09-02a.html">http://www2.ed.gov/policy/gen/guid/fpco/hotspot/ics/ht-10-09-02a.html</a> |            |       |

**ETHNICITY** 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 Hispanic/Latino part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following race question** by marking one or more boxes under RACE to indicate what you consider your student's race to be.

**RACE** What is the student's race? (**Choose one or more**)

**American Indian / Alaskan 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 / African American** (A person having origins in any of the black racial groups of Africa.)

**Native Hawaiian / 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.)

|  |   |                |
|--|---|----------------|
| Previous School District Attended                                      | Previous School Attended  | Dates Attended |
| <input type="checkbox"/> Check if enrolled at Neah-Kah-Nie previously. |   |                |
| Previous School Address  | In accordance with ORS 339.250 please answer these questions<br>Has your child ever been expelled from school Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, reason _____ Date _____<br>Name of School _____ |                |

### Special Programs

Student is eligible in the following areas

Special Education (IEP)  504 Plan  Title I  Tag  ELL  Other

Is the student, or parent, or a grandparent a member of a US Federally recognized American Indian Tribe?  
 (This information establishes the District's eligibility for a federal grant under Title IV-A of the Indian Education Act. Complete information will be sent to students marking "yes" on this item.) Yes  No  If Yes, please fill in the tribe name \_\_\_\_\_ Number \_\_\_\_\_

Neah-Kah-Nie School District (Office Use Only)

|                     |          |            |         |                  |
|---------------------|----------|------------|---------|------------------|
| Student ID. NO.     | School   | Entry Date | Teacher | Grade            |
| Birth Date Verified | Bus Stop |            |         | Bus Route Number |

## Parent/Guardian Information

Who has Legal Custody of Child Both Parents  Mother  Father  Grandparent  Foster Parent  Other

Child Lives With Both Parents  Mother  Father  Grandparent  Foster Parent  Other

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children **unless** a parent has a court order that indicates which parent has custody of the child/children. The school **MUST HAVE A COPY OF THE COURT ORDER** on file, otherwise either parent may check the child out of the school with proper identification. If a parent comes in with a court order stating current custody over the enrolling parent, they may take the child/children after documents are verified, as needed, and after every effort has been made to reach the enrolling parent by phone.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ RESTRAINING ORDER ON FILE? Yes  No

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ RESTRAINING ORDER ON FILE? Yes  No

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ RESTRAINING ORDER ON FILE? Yes  No

I have read the above statement of law. Signature \_\_\_\_\_ Date \_\_\_\_\_

|  |  |  |
|--|--|--|
| <b>First Parent/Guardian</b><br>Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> | Call order in case of emergency<br>1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> | Available at work Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|--|

|           |            |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

|   |                                    |
|---|------------------------------------|
| Address Living with Student? Yes <input type="checkbox"/> *No <input type="checkbox"/><br>*If No, please fill out address to the right, and check to receive copy of a correspondence. Yes <input type="checkbox"/> No <input type="checkbox"/> | Different Address, City State, Zip |
|---|------------------------------------|

|                       |          |            |                       |
|-----------------------|----------|------------|-----------------------|
| Home Phone No.<br>( ) | Employer | Occupation | Work Phone No.<br>( ) |
|-----------------------|----------|------------|-----------------------|

|                             |   |  |
|-----------------------------|---|--|
| Cell Phone/Pager No.<br>( ) | E-Mail Address _____<br>Please indicate what information you would like to receive via email Newsletter/Menu/Mealtime/Important Notices/Attendance etc. | Speaks English Yes <input type="checkbox"/> No <input type="checkbox"/><br>If No, Primary Language _____ |
|-----------------------------|---|--|

|  |  |   |
|--|--|---|
| Willing to Volunteer<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Application required | Live/Work on Federal Property<br>Yes <input type="checkbox"/> No <input type="checkbox"/> (Establishes District Eligibility for Federal Funding) | Migrant Worker? Yes <input type="checkbox"/> No <input type="checkbox"/> To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, country or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity. |
|--|--|---|

|   |  |  |
|---|--|--|
| <b>Second Parent/Guardian</b><br>Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> | Call order in case of emergency<br>1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> | Available at work Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|--|

|           |            |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

|   |                                    |
|---|------------------------------------|
| Address Living with Student? Yes <input type="checkbox"/> *No <input type="checkbox"/><br>*If No, please fill address to the right, and check to receive copy of a correspondence. Yes <input type="checkbox"/> No <input type="checkbox"/> | Different Address, City State, Zip |
|---|------------------------------------|

|                       |          |            |                       |
|-----------------------|----------|------------|-----------------------|
| Home Phone No.<br>( ) | Employer | Occupation | Work Phone No.<br>( ) |
|-----------------------|----------|------------|-----------------------|

|                             |   |  |
|-----------------------------|---|--|
| Cell Phone/Pager No.<br>( ) | E-Mail Address _____<br>Please indicate what information you would like to receive via email Newsletter/Menu/Mealtime/Important Notices/Attendance etc. | Speaks English Yes <input type="checkbox"/> No <input type="checkbox"/><br>If No, Primary Language _____ |
|-----------------------------|---|--|

|  |  |   |
|--|--|---|
| Willing to Volunteer<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Application required | Live/Work on Federal Property<br>Yes <input type="checkbox"/> No <input type="checkbox"/> (Establishes District Eligibility for Federal Funding) | Migrant Worker? Yes <input type="checkbox"/> No <input type="checkbox"/> To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, country or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity. |
|--|--|---|

### Siblings

|                   |            |
|-------------------|------------|
| Sibling Last Name | First Name |
|-------------------|------------|

|              |     |               |   |        |       |
|--------------|-----|---------------|---|--------|-------|
| Relationship | Age | Date of Birth | Gender<br>M <input type="checkbox"/> F <input type="checkbox"/> | School | Grade |
|--------------|-----|---------------|---|--------|-------|

|                   |            |
|-------------------|------------|
| Sibling Last Name | First Name |
|-------------------|------------|

|              |     |               |   |        |       |
|--------------|-----|---------------|---|--------|-------|
| Relationship | Age | Date of Birth | Gender<br>M <input type="checkbox"/> F <input type="checkbox"/> | School | Grade |
|--------------|-----|---------------|---|--------|-------|

## Siblings Continued

|                   |     |               |   |        |       |
|-------------------|-----|---------------|---|--------|-------|
| Sibling Last Name |     |               | First Name  |        |       |
| Relationship      | Age | Date of Birth | Gender<br>M <input type="checkbox"/> F <input type="checkbox"/> | School | Grade |
| Sibling Last Name |     |               | First Name  |        |       |
| Relationship      | Age | Date of Birth | Gender<br>M <input type="checkbox"/> F <input type="checkbox"/> | School | Grade |
| Sibling Last Name |     |               | First Name  |        |       |
| Relationship      | Age | Date of Birth | Gender<br>M <input type="checkbox"/> F <input type="checkbox"/> | School | Grade |

**If there are more siblings than this form allows, please let the secretary know that you have provided the same information on the back of this form.**

## Other Parent/Guardian Information

|   |   |   |  |
|---|---|---|--|
| Other Parent/Guardian<br>Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>   |   | Call order in case of emergency<br>1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/>  | Available at work Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Last Name   |   | First Name  |  |
| Address Living with Student? Yes <input type="checkbox"/> *No <input type="checkbox"/><br>*If No, please fill address to the right, and check to receive copy of a correspondence. Yes <input type="checkbox"/> No <input type="checkbox"/> |   | Different Address, City State, Zip  |  |
| Home Phone No.<br>( )   | Employer  | Occupation  | Work Phone No.<br>( )  |
| Cell Phone/Pager No.<br>( )   | E-Mail Address  | Speaks English Yes <input type="checkbox"/> No <input type="checkbox"/><br>If No, Primary Language _____  |  |
| Willing to Volunteer<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Application required  | Live/Work on Federal Property<br>Yes <input type="checkbox"/> No <input type="checkbox"/> (Establishes<br>District Eligibility for Federal Funding) | Migrant Worker? Yes <input type="checkbox"/> No <input type="checkbox"/> To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, country or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity. |  |
| Other Parent/Guardian<br>Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>   |   | Call order in case of emergency<br>1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/>  | Available at work Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Last Name   |   | First Name  |  |
| Address Living with Student? Yes <input type="checkbox"/> *No <input type="checkbox"/><br>*If No, please fill address to the right, and check to receive copy of a correspondence. Yes <input type="checkbox"/> No <input type="checkbox"/> |   | Different Address, City State, Zip  |  |
| Home Phone No.<br>( )   | Employer  | Occupation  | Work Phone No.<br>( )  |
| Cell Phone/Pager No.<br>( )   | E-Mail Address  | Speaks English Yes <input type="checkbox"/> No <input type="checkbox"/><br>If No, Primary Language _____  |  |
| Willing to Volunteer<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Application required  | Live/Work on Federal Property<br>Yes <input type="checkbox"/> No <input type="checkbox"/> (Establishes<br>District Eligibility for Federal Funding) | Migrant Worker? Yes <input type="checkbox"/> No <input type="checkbox"/> To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, country or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity. |  |

## Emergency Contacts

**Emergency contacts will be called in order if parent/guardian cannot be reached.**

|                                    |                       |                       |  |  |   |
|------------------------------------|-----------------------|-----------------------|--|--|---|
| First Emergency Contact Last Name  |                       | First Name            |  | Relationship   | Call Order<br>3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> |
| Home Phone No.<br>( )              | Work Phone No.<br>( ) | Cell Phone No.<br>( ) |  | Can this person pick up student at school?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| Second Emergency Contact Last Name |                       | First Name            |  | Relationship   | Call Order<br>3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> |
| Home Phone No.<br>( )              | Work Phone No.<br>( ) | Cell Phone No.<br>( ) |  | Can this person pick up student at school?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| Third Emergency Contact Last Name  |                       | First Name            |  | Relationship   | Call Order<br>3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> |
| Home Phone No.<br>( )              | Work Phone No.<br>( ) | Cell Phone No.<br>( ) |  | Can this person pick up student at school?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| Fourth Emergency Contact Last Name |                       | First Name            |  | Relationship   | Call Order<br>3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> |
| Home Phone No.<br>( )              | Work Phone No.<br>( ) | Cell Phone No.<br>( ) |  | Can this person pick up student at school?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |

## Permissions/Authorizations

### Medical Emergency Transportation

I authorize school personnel to arrange for ambulance transportation, if necessary, and give permission for emergency personnel and the hospital of my choice, under the supervision of the attending physician, to treat my child in an emergency situation when I cannot be located.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Preferred hospital \_\_\_\_\_ In case of an emergency, where the student is not near the preferred hospital, your child will be transported to the nearest medical facility.

### Medical Information

**School staff need to know when your student has a current ongoing health problem for which he or she may require help during the school day. Remember to advise your school of any changes in information.**

|                          |   |
|--------------------------|---|
| Doctor's Name            | Phone No.<br>( )  |
| Dentist's Name           | Phone No.<br>( )  |
| Health Ins./Medicaid No. | Are there any allergies/health conditions or medication allergies that the school should be aware of?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Does your student require medicine during school hours? Yes  No  If Yes, ask for medication permission form.**

**Emergency Closure Procedure: Please indicate how your child should be transported in the event of a transportation emergency.**

- |   |   |
|---|---|
| <p><input type="radio"/> Go home on the bus as usual.</p> <p><input type="radio"/> Walk home as usual</p> <p><input type="radio"/> Drive home as usual (for high school students only!)</p> | <p><input type="radio"/> Ride the bus to another location Please indicate the location</p> <p><input type="radio"/> Picked up as usual. Who will pick up your child?<br/>_____</p> <p>(If you cannot pick up your child in time, staff will take your child to a secure location)</p> |
|---|---|

*The information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment will be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_