

ENROLLMENT FORM

Wamego Public Schools - USD 320

Advisor/Homeroom/Teacher: _____

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

Gender: _____ Birthdate: _____ Social Security #: _____ State Id #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address SAME as Home Address Resident School District Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Home Email: _____

Please list the legal Parents/Guardians with whom the student primarily resides (same address & home phone as listed above for the student).

Parent Contact#1 Name: _____ Relationship: _____ Email: _____

Parent Contact#1 Cell Phone: _____ Employer: _____ Work Phone: _____

Parent Contact#2 Name: _____ Relationship: _____ Email: _____

Parent Contact#2 Cell Phone: _____ Employer: _____ Work Phone: _____

Shared or Non-Custodial Information - for Parents/Guardians who have a different address & phone number as listed above for the student.

Parent Contact#3 Name: _____ Relationship: _____ Email: _____

Parent Contact#3 Cell Phone: _____ Employer: _____ Work Phone: _____

Parent Contact#4 Name: _____ Relationship: _____ Email: _____

Parent Contact#4 Cell Phone: _____ Employer: _____ Work Phone: _____

Do we need to mail separate gradecards, etc. to this parent? YES or NO If Yes, please supply an address below.

Mailing address: _____ City, State Zip: _____

Are there legal documents pertaining to custody, protection or other proceedings related to this student? YES or NO
(If yes, please attach a copy of court documents.)

The above information is about the Student and Parents/Guardians. Emergency Contact Information is on FORM 2.

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. (Choose one or more)

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.)

Home Language Survey

1. What language did your child first learn to speak/use? English _____ Spanish _____ Other (please specify) _____
If anything other than "English" is marked, please complete FORM 7 - Home Language Survey

2. Is any language other than English spoken or used at home? Yes _____ No _____
If "Yes" is marked, please complete FORM 7 - Home Language Survey

Please continue to Enrollment FORM 2.

Student's name: _____

State & Federal Information - Please mark & answer ALL questions.

1. Does this student receive Special Education Services? (IEP or 504)	Check one: YES <input type="checkbox"/> or NO <input type="checkbox"/>
2. Does this student have a parent (includes step- & non-custodial) active in the military?	Check one: YES <input type="checkbox"/> or NO <input type="checkbox"/>
3. Does this student live more than 2.5 miles from the attendance school?	Check one: YES <input type="checkbox"/> or NO <input type="checkbox"/>
4. Does this student ride the bus? If NO, skip to Question 6.	Check one: YES <input type="checkbox"/> or NO <input type="checkbox"/>
5. Bus Pick up point? _____ Bus drop off point? _____	
6. What is this student's original date of enrollment into a state of KS school? (Can be an approx. date.) _____	

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 1: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact 2: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact 3: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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

List any Medical Comments/Considerations: _____

List any Medical Alerts: _____

Grades PreK-5 Only

After school dismissal instructions - Select one:

Walk to _____
 Ride shuttle bus to _____
 Ride route bus # _____
 Picked up by _____

Emergency Dismissal Instructions: _____

Please notify the school if these plans change (either temporarily or permanently).

All Grades - Medical Consent Information

I, the parent and/or legal guardian of _____, give my legal consent and authorize any representative of USD 320 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 incurs while participating in school or any school sponsored activity. I further agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child. A photocopy of this document shall have the same force and effect as the original.

I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize any necessary treatment. To facilitate contacting me, I agree to continue to provide current home, cell, and work phone numbers to the school.

Legal Parent/Guardian Signature

Date