

## Student Enrollment Form

### KIEL AREA SCHOOL DISTRICT *STUDENT INFORMATION/EMERGENCY CARD* BIRTH CERTIFICATE REQUIRED

Student Last Name:	Student First Name:	Student Middle Name:	Grade Entering
Primary Phone/School Messenger No. (for automated calls):	Gender: M      F	Date of Birth:	Multiple Births Yes      No
<b>FAMILY #1 PARENT/GUARDIAN INFORMATION</b> – Student resides at this address			

Parent/Guardian:	Parent/Guardian:
Relationship:	Relationship:
Street Address:	City/State/Zip:
Primary Phone Number:	Primary Phone Number:
Cellphone Number:	Cellphone Number:
Primary E-mail Address:	E-mail Address:
Work Phone Number:	Work Phone Number:
Employer:	Employer:

(If Applicable) **FAMILY #2 PARENT/GUARDIAN INFORMATION** (this section for Joint Custody or separate household)

Parent/Guardian:	Parent/Guardian
Relationship:	Relationship:
Street Address:	City/State/Zip:
Primary Phone Number:	Primary Phone Number:
Cellphone Number:	Cellphone Number:
E-mail Address:	E-mail Address:
Work Phone Number:	Work Phone Number:
Employer:	Employer:

**\*\*SINGLE AND REMARRIED PARENTS:** We would like to be responsive to your wishes; however, we must mention the points of the law that may occasionally cause conflict. **Both Birth Parents** have the right to full access to your child’s education. This means a right to report cards, conferences, and to removing the child from school. For our school to deny any parents these rights, you must supply us with a court order. If this or any other situation is causing your child distress, please contact the School Counselor or Psychologist assigned to your child.

**ETHNICITY (Please answer both questions):**

Is this student Hispanic or Latino?     No, not Hispanic or Latino     Yes, Hispanic or Latino  
All Students (including Hispanic) must select at least one or more Federal race:  
 American Indian or Alaskan Native     Asian     Black or African American     Native Hawaiian or Other Pacific Islander     White

**School Staff Use Only**

High School \_\_\_\_\_ Middle School \_\_\_\_\_ Zielanis \_\_\_\_\_ eSchool \_\_\_\_\_ BTLVA \_\_\_\_\_  
 Start Date \_\_\_\_\_ Residency: Resident \_\_\_\_\_ Open Enrollment \_\_\_\_\_ Foreign Exchange \_\_\_\_\_  
 Records Requested \_\_\_\_\_ Birth Certificate Verified \_\_\_\_\_  
 Verified by (Signature of District Employee): \_\_\_\_\_ Date \_\_\_\_\_

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### LAST SCHOOL ATTENDED (For entering kindergarten students, please list any preschool attended)

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address (including city/state/zip): \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Year student began schooling in U.S. \_\_\_\_\_

Has the pupil been expelled from a previous school district or are any disciplinary proceedings pending that could lead to expulsion? \_\_\_Yes \_\_\_No

Is the Student Receiving Special Education and/or Speech Therapy? \_\_\_Yes \_\_\_No

### EMERGENCY INFORMATION (NON-PARENT/GUARDIAN) to call when parent/guardian cannot be reached

Name	Relationship	Daytime Phone/Cellphone

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Critical Medical Alert Info: \_\_\_\_\_

Non-Critical Medical Alert Info: \_\_\_\_\_

List any medications taken at school: \_\_\_\_\_

List any medications taken at home: \_\_\_\_\_

Explain any other health conditions/physical restrictions or specific instructions regarding emergency health care: \_\_\_\_\_

If, in the judgment of school authorities, emergency treatment is required, I authorize my child to be transported by ambulance (or other) to a hospital for treatment. I understand that the contacted ambulance provider does reserve the right to convey the patient to the nearest definitive care hospital or the hospital of their choice, should they deem it necessary. I hereby authorize the physician(s)/ambulance personnel to give emergency treatment to my child. Additionally, I authorize the Kiel Area School District to provide and secure any medical assistance or emergency treatment on behalf of my son/daughter if I cannot be reached. To the best of my knowledge, the above information is current and correct.

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

### LANGUAGE:

Is a language other than English spoken in the home on a regular basis? \_\_\_Yes \_\_\_No If yes, what language? \_\_\_\_\_

Does the student use a language other than English on a regular basis? \_\_\_Yes \_\_\_No If yes, what language? \_\_\_\_\_

Did the student receive "English Learner" services in a previous school district? \_\_\_Yes \_\_\_No

Do you want a translator available at school conferences? \_\_\_Yes \_\_\_No

Do parents/guardians request oral and/or written communication to be in English? \_\_\_Yes \_\_\_No

If no, what language? \_\_\_\_\_

### SIBLING INFORMATION

Please list all siblings (ages 0-20)

First Name	Last Name	Grade	Date of Birth
<b>Do you have any pre-school children (ages 3-5) who have an IEP in place? (please list)</b>			