

PARKER SCHOOL DISTRICT STUDENT ENROLLMENT FORM

Student Name (First, MI, Last) _____

Grade _____ Date of Birth _____ Male Female Start Date: _____

Student Cell Phone # _____

Last School Student Attended: _____ Fax # _____

School Address: _____ Phone # _____

Are there any special circumstances we should be aware of?
Health conditions? Medications? Custody Information? Restraining Order?

School District of Residence: _____ Bus Service: _____

Please check any current services received by your child:

IEP 504 Plan Title 1 ELL/ESL Other Explain: _____

1. Is this student (or are you) Hispanic or Latino? (Choose only one).

- No, not Hispanic or Latino
 Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race).

2. What is the student's (or your) race? Regardless of how you answered the first question choose one or more.

- 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).

In accordance with new standards issued by the U.S. Department of Education, school districts must collect and report race and ethnicity for students and staff. This **is not optional for states. The South Dakota Department of Education (DOE) is required to submit all of our federal reports utilizing the new race/ethnicity categories.

Home Language:

What is the language most frequently spoken at home? _____

What language did your child learn when he/she first began to talk? _____

What language does your child most frequently speak at home? _____

What language do you most frequently speak to your child? _____

Will you require written information from the school in your native language? Yes No

Will you require an interpreter/translator at Parent-Teacher meetings? Yes No

Family/Household Information

Household **Physical** Address (Location): _____

Household **Mailing** Address (if different): _____

City, State & Zip: _____ County: _____

Student lives with: Both Parents Mother Father Legal Guardian (explain below)

** Relatives are not necessarily legal guardians. If you circle the Legal Guardian option, you will be asked to provide documentation. If you are NOT this child's mother, father, or legal guardian, you must apply for district assignment according to the provisions of SDCL 13-28-10.

Household Adult Female Information

Household Adult Male Information

Relationship to child: _____ Relationship to child: _____

Name _____ Name _____

Mailing Address _____ Mailing Address _____

City, State, & Zip _____ City, State, & Zip _____

Place of Work _____ Place of Work _____

Work Phone _____ Work Phone _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

E-Mail _____ E-Mail _____

In the event of an emergency, we will make every attempt to contact the adults listed above at all of the numbers provided. Please provide another Emergency Contact in the event we are not able to contact you.

Person _____ Phone _____ Relationship _____

Person _____ Phone _____ Relationship _____

List preschool children in this household:

Name: _____ Birth date (MM/DD/YY) _____ Name: _____ Birth date (MM/DD/YY) _____

SCHOOL USE ONLY

Birth Certificate Submitted Immunization Open Enrolled Bus Service

- I certify that the above information is true and correct to the best of my belief and knowledge.
- I understand that according to South Dakota Codified Law 13-27-3.1: Any person who is required to cause any child to attend any public school in this state shall, **either at the time of enrollment or within thirty days of initial enrollment, provide the public school with a certified copy of the child's birth certificate.**
- I understand that according to South Dakota Codified Law 13-27-7.1: Any pupil entering school or an early childhood program in this state shall, **prior to admission**, be required to present his/her immunization record.

Signature of parent/guardian

Date

South Dakota Codified Laws applying to school enrollment

13-27-3.1. - Birth certificate or affidavit to be submitted -- Violation as misdemeanor. Any person who is required pursuant to § 13-27-1 to cause any child to attend any public or nonpublic school or alternative instruction program pursuant to § 13-27-3 in this state shall, either at the time of enrollment in any school in this state or upon being excused from school attendance pursuant to § 13-27-3 or **within thirty days of initial enrollment** or excuse, provide the public or nonpublic school or the alternative instruction program with a certified copy of the child's birth certificate or affidavit in lieu of birth certificate as issued by the Department of Health in such cases where the original birth certificate is deemed unattainable. Any parent or guardian who requests an excuse for his or her child pursuant to § 13-27-3, shall with the initial request for excuse, provide a certified copy of the child's birth certificate or an affidavit notarized or witnessed by two or more witnesses, swearing or affirming that the child identified on the request for excuse is the same person appearing on the child's certified birth certificate. A violation of this section is a Class 2 misdemeanor.

SOUTH DAKOTA IMMUNIZATION SYSTEM (SDIIS) ACCESS AGREEMENT

To ensure the South Dakota Department of Health is aligning with the Health Insurance Portability and Accountability Act (HIPAA) Omnibus Rule, a School Health Official must obtain parent, guardian or legal representative agreement before accessing a student's immunization record in the South Dakota Immunization Information System (SDIIS). No student record shall be accessed by a School Representative in the SDIIS without parent, guardian or legal representative agreement.

Students last name _____ First name _____

I give permission to Parker School to access the above child's immunization record in the South Dakota Immunization Information System.

Date: _____ Signature _____
(Parent, Guardian or Legal Representative)

In lieu of written consent, verbal consent was obtained from _____

Date: _____ Signature: _____
(School Official)