

# ENROLLMENT FORM

## Santa Fe Trail USD #434

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

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Unlisted? Yes or No  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

☐ Mailing Address SAME as Home Address. Gender: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Email address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Email address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please indicate with whom the student lives: \_\_\_\_ Parents \_\_\_\_ Single Mother \_\_\_\_ Single Father \_\_\_\_ Grandparents  
\_\_\_\_ Mother & Stepfather \_\_\_\_ Father & Stepmother \_\_\_\_ Foster Parents Other: \_\_\_\_\_

### Secondary Household Information - Enter only if a parent does not live in the child's household.

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Do we need to mail separate gradecards, etc. to the non-custodial parent? (please circle) Yes or No  
Mailing address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### 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.

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 \_\_\_\_\_
2. What language does your child most often speak/use at home? English \_\_\_\_ Spanish \_\_\_\_ Other \_\_\_\_\_
3. What language do you most often speak/use with your child? English \_\_\_\_ Spanish \_\_\_\_ Other \_\_\_\_\_
4. What language do the adults at home most often speak/use? English \_\_\_\_ Spanish \_\_\_\_ Other \_\_\_\_\_

### Parent/Guardian Information:

In which language do you read/write? English \_\_\_\_ Spanish \_\_\_\_ Other (please specify) \_\_\_\_\_

Please continue to the other side of this enrollment form.

Student's name: \_\_\_\_\_

### 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 that would be available in an emergency and lives in close proximity.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Please list all children in the household.** If you need additional space, please use the bottom of this page.

Name	Birthdate/Grade	Name	Birthdate/Grade
_____	_____	_____	_____
_____	_____	_____	_____

**Immunization Release:** I hereby authorize Santa Fe Trail USD #434 staff to release immunization information in their possession relating to the above named student to the Kansas Immunization Registry for purposes of assessment and reporting to prevent disease: (please circle) Yes or No

**K12 Automated Alert System:** - First contact phone number #: \_\_\_\_\_.

Second contact phone number: \_\_\_\_\_

Email address: (optional) \_\_\_\_\_

**Transportation** - Will this student ride the bus to and from school this year? (please circle) Yes or No

How far does the student live from the school they attend?

Do you live inside the city limits of Carbondale, Overbrook or Scranton? (please circle) Yes or No

**Activity/Field Trips** - I give permission for this student to ride in school provided transportation on activities or field trips, and I understand that I will be informed of the trip in advance. (please circle) Yes or No

**If new to district please complete the following.**

Name of previous school: \_\_\_\_\_

City and State of previous school: \_\_\_\_\_

**Is this student on an Individual Educational Plan (IEP)?** Please circle Yes or No

**EARLY SCHOOL DISMISSAL INFORMATION FOR ELEMENTARY SCHOOLS** - In the event of an early closing of school due to hazardous driving conditions or other emergency closings this student should:

(please circle and fill in the appropriate information)

A. Ride the bus as usual

B. Stay at school until someone can pick up

C. Walk home or to a friends or relatives whose name is: \_\_\_\_\_

D. Different Instructions: \_\_\_\_\_

\*Please do not ask the school to call you. The number of phone lines serving the school is limited and need to be kept open for emergencies. Thank you.

**Is student considered out of district?**(please circle) Yes or No

**Publications:** If you do not want this student's information included in any directories or publications, please notify the office manager.

\_\_\_\_\_  
Legal Parent/Guardian Signature

\_\_\_\_\_  
Date