

WCES ENROLLMENT FORM

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

Gender: Female or Male Birth Date: _____ Birth Place: _____

Physical Address: _____
City State Zip

Mailing Address: _____
City State Zip

Mother/Guardian: _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father/Guardian: _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Please indicate with whom the student lives: _____ Parents _____ Single Mother _____ Single Father
_____ Mother & Stepfather _____ Father & Stepmother _____ Foster Parents _____ Guardian

Non-Custodial Information – Enter only if a parent does NOT live in the child's household:

Name: _____

Do we need to mail separate grade cards, etc., to the non-custodial parent? NO or YES

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? (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.)

EXAMPLE: Azteca, Zapotec, Maya, Nahua, Aymara, Kichwa, Lakota, Navajo, Guarani

_____ **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.)

(list continued on page 2 of form)

_____ **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, of North Africa.)

EXAMPLE: Middle Eastern-A person having origins in any of the peoples of Egypt, Israel, Iraq, Jordan, Lebanon, Palestine, Syria, or Turkey. Spanish-A person having origins in any of the peoples of Spain

HOME LANGUAGE SURVEY

First Language Spoken: _____

Language(s) Spoken at Home: _____

Language(s) that is/are spoken or understood by child: _____

Prefer to receive school information in language OTHER than English (Leave blank if English): _____

EMERGENCY INFORMATION

In case of emergency, we will attempt to contact a parent/guardian first. In the event we **cannot** do this, please provide the names of **relatives or close friends in the area** that the school may contact (**DO NOT list parent's names here**).

Emergency Contact: _____ Phone: _____ Relationship _____

Emergency Contact: _____ Phone: _____ Relationship _____

Emergency Contact: _____ Phone: _____ Relationship _____

Doctor's Name: _____ Phone: _____ Location: _____

Dentist's Name: _____ Phone: _____ Location: _____

Consent for medical treatment: Yes ___ No ___ Parent or Guardian Signature: _____

Insurance Company Name: _____ ID# _____

TRANSPORTATION INFORMATION

Does this student live outside of the city limits of the school of attendance? Y or N

Bus Rider: Y or N Physical Address for Transportation _____

Directions to physical address: _____

In case of early dismissal or inclement weather not allowing buses to deliver to residence, my child will be sent to:

Student allowed to be picked up by: _____

RESIDENCY HISTORY (MIGRANT PROGRAM)

Check if applicable:

___ Has student moved (alone, with or to join a parent, spouse or guardian) within the last 36 months?

___ Was the move from one school district to another?

What was your student's original date of enrollment into a Kansas school? (approx. date)_____

___ Was the purpose of the move to seek or obtain work that is 1) temporary or seasonal AND 2) agricultural?

___ Was the work an important part of providing a living for the worker and his/her family?

QUESTIONS ABOUT TEMPORARY LIVING ARRANGEMENTS

1. Are you sharing a household with a relative or with another family? Y or N

2. Are temporary living arrangements due to loss of housing, economic hardship or loss of employment? Y or N

3. Are you staying in a hotel/motel or shelter due to loss of housing (fire, foreclosure, etc.)? Y or N

CONSENT TO PARTICIPATE IN FIELD TRIP OR OTHER ACTIVITY AND CONSENT FOR TREATMENT

___ I, the parent and legal guardian of _____, give my consent for my child to participate in field trips/other activities taken by USD #467 during the school year.

___ I further give my legal consent and authorize any representative of USD #467 to authorize medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity by any physician or dentist licensed at any hospital.

___ I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child.

___ I acknowledge and agree that USD #467 is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize treatment. To facilitate contacting me, I agree to continue to provide current work and home phone numbers to the school.

Legal Parent/ Guardian Signature

Date

I hearby ___ give consent ___ do not give consent for publication and/or other use of _____
(child's name)
_____'s name, writing, photographs, video, art or quotes without limit, reservation or remuneration by the media and/or Unified School District #467.

Legal Parent/Guardian Signature

Date

INSURANCE INFORMATION

The school district does not provide any type of health insurance for injuries incurred by your child at school. Some reasons to purchase the STUDENT ASSURANCE SERVICES, INC. are:

1. Deductibles and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No insurance.
3. This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, our benefits will be applied to your deductible or co-pay.
4. If you have no other insurance this will become your primary accident plan.

To purchase coverage:

1. Print names, addresses and other information clearly.
2. Please enclose check or money order made payable to—STUDENT ASSURANCE SERVICES, INC.
3. Print Student's name on the face of the check.
4. Detach and retain the summary of coverage, and return the envelope to school within 10 days. Coverage does not become effective until the premium is received by the School.
5. Questions about the plan may be directed to Jim Lock Agent, Student Assurance Services, Inc.
Address: PO Box 3126, Lawrence, KS 66046 Phone: (800)520-9909 / (785)748-0870
Email: jim.lock@sas-midwest.com Website: www.sas-midwest.com

Please ask for a brochure to fill out if you are interested in this insurance. If you already have adequate insurance, please fill out the information below. Thank You.

PARENTAL INSURANCE WAIVER

Student's Name _____

We have adequate insurance to protect our son/daughter in case of an accident.

Parent's Signature _____

The program is underwritten by Security Life Insurance Company of America located in Minnetonka, Minnesota and administered by Student Assurance Services, Inc. of Stillwater, Minnesota.