USD 373
2019-20

Newton Area-Wide - Brooks Regional Center

1500 Boyd, Newton, KS 67114 316-284-6280, Ext 2907

STUDENT INFORMATION - MAKE CORRECTIONS USING RED INK *(One form per student)*

Address change since last fall? Yes No Has your student had an Individual Education Plan (IEP)? Yes No

Has the student previously attended a Newton school other than this one? Yes No If so, which one?_____

Legal Last Name:_____ **Legal First Name:**_____ **Legal Middle Name:**_____

Suffix: ❒ **Jr.** ❒ **II** **Preferred Name:**_____ **Grade:**_____ **Gender:** ❒ **Male** ❒ **Female**

Birthdate:_____ **Social Security #:**_____ **Kansas School Enter Date:**_____

Country of Birth: (If not USA)_____ **US School Entry Date: (If not USA)**_____

Birth Certificate on file with school? ❒ **Yes** ❒ **No** **Student Cell Phone: (High School Only)**_____

Student E-mail Address: (High School Only)_____

Is this student Hispanic/Latino? (Choose only one.)

RACE AND ETHNICITY (ALL questions must be answered.)

❒ 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.)

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 may maintain 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.)

If student was NOT born in the United States and has not attended school in the US for three full academic years, check here. ❒

If the student was NOT born in the US and has NOT attended school in the US for one full academic year, check here. ❒

Language your student first learned to speak/use: (Please circle) English Spanish Korean Vietnamese Other_____

Language your child speaks/uses at home: (Please circle) English Spanish Korean Vietnamese Other_____

What language do you speak/use with your child? (Please circle) English Spanish Korean Vietnamese Other_____

What language do the adults regularly present or living in the home speak/use while in presence of the child:_____

If available, in what language would you prefer to receive spoken information? English Spanish Korean Vietnamese Other_____

If available, in what language would you prefer to receive written information? English Spanish Korean Vietnamese Other_____

Has your family moved in the last 36 months to seek or obtain agriculture or fishing related work? ❒ Yes ❒ No

If yes, was the move from one school district to another? ❒ Yes ❒ No

Emergency Contact:_____ Cell Phone:_____

Relationship to Student:_____ Other Phone:_____ HOME ❒ WORK ❒

Emergency/Medical Information *(Please provide a person or persons other than parents who could be contacted in an emergency).*

Emergency Contact:_____ Cell Phone:_____

Relationship to Student:_____ Other Phone:_____ HOME ❒ WORK ❒

Doctor:_____Phone:_____

Medical Conditions:_____

USD 373 communicates with parents/guardians via INFINITE CAMPUS, a secure web-based software. The Parent Portal allows parents/guardians to view attendance, assignments, grades, & meal account information via the internet. With Infinite Campus Messenger, parents receive important e-mails from school personnel. E-mail address must be included in order for the district to send messages via Infinite Campus Messenger. Check preferred methods of communication in gray boxes below.

PARENTS/GUARDIANS WHO RESIDE WITH STUDENT

Household Name:_____ Primary (Household) Phone:_____ (1)

Residence address:_____ ❒ Private
Number Street Apartment or Lot

_____
City State ZIP

Parent/Guardian (Living in this household)

Name:_____ _____
First Name Middle Initial Last Name Relationship to Student

Employer:_____ Work Phone:_____ (5)

E-Mail Address:_____ Cell Phone_____ (3)

❒ Mailing
❒ Portal Access
❒ Messenger

Parent/Guardian (Living in this household)

Name:_____
_____
First Name Middle Initial Last Name Relationship to Student

Employer:_____ Work Phone:_____ (6)

E-Mail Address:_____ Cell Phone_____ (4)

❒ Mailing
❒ Portal Access
❒ Messenger

If the student lives in both households, please check here ❒

PARENTS/GUARDIANS WHO RESIDE AT ANOTHER ADDRESS

Household Name:_____ Primary (Household) Phone:_____ (2)

Residence address:_____ ❒ Private
Number Street Apartment or Lot

_____
City State ZIP

Parent/Guardian (Living in this household)

Name:_____ _____
First Name Middle Initial Last Name Relationship to Student

Employer:_____ Work Phone:_____

E-Mail Address:_____ Cell Phone_____

❒ Mailing
❒ Portal Access
❒ Messenger

Parent/Guardian (Living in this household)

Name:_____
_____
First Name Middle Initial Last Name Relationship to Student

Employer:_____ Work Phone:_____

E-Mail Address:_____ Cell Phone_____

❒ Mailing
❒ Portal Access
❒ Messenger

SIBLING INFORMATION

Name:_____ School_____ Grade_____
Name_____ School_____ Grade_____
Name_____ School_____ Grade_____
Name_____ School_____ Grade_____

Authorization

By signing this form, I verify that I have read and understand the information below and give my permission to the following items for my child. (Mark NO if permission is not granted.)

I understand that the discipline plan can be found in the agenda, planner, handbook or on the district website, www.usd373.org, and will read it. **No □**

I have received, read and agree that my child should abide by the USD #373 Internet Access Policy. **No □**

I give permission for my child to go on school trips during the school year. I will not hold the Newton Board of Education or its employees responsible for any accident or loss which might be sustained. I also give permission to allow video tape to be taken on the district's school buses and at other locations that may include my child to be viewed by other children, parents and appropriate officials as deemed necessary in the administration of the school system and its disciplinary procedures. I may view and copy any tapes kept by the district containing my child upon written request to the superintendent and upon payment of the applicable cost to copy the tape requested. **No □**

My child's name, picture, and/or image may be shared with the media, including the district's website. Some media examples include, but are not limited to: The Newton Kansan newspaper and website, The Wichita Eagle newspaper and website, The Hutchinson News newspaper and website, and television/radio news programs. **No □**

My child's name and/or photo may be published in USD 373 publications, including school's directory. **No □**

My child's photo may be taken and name may be shared with the school's designated photographer for annual school photos and yearbook photos. **No □**

My child's address may be published in the school's directory (where applicable). **No □**

My child's phone number may be published in the school's directory (where applicable). **No □**

My child's state assessment information may be used by the district. **No □**

My child's immunization record may be shared with other schools, healthcare providers, and the Kansas Immunization Registry. **No □**

My child's name and address may be shared with colleges, other educational institutions, and prospective employers. (High School Only) **No □**

My senior student's name and address may be shared with graduation vendors (diploma, cap and gown, senor announcements, etc.) (High School Only) **No □**

Senior portraits are taken after a student's junior year. My child's name and address may be released to portrait vendors. (High School Only) **No □**

My child's name may be shared with military recruiters. (High School Only) **No □**

Parent (guardian) signature _____ **Date** _____

* *

*** Instructions for New Students ***

Welcome to our school and school system. Please provide the following information regarding the last school your child attended. We will request your child's records be sent to us.

Name of school _____
Street address _____
City _____ **State** _____ **Zip** _____ **Phone** _____

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Revised 06/21/2013

(See Other Side)