



Loyal Public School Enrollment Form 2023/2024 School Year

Student Information

Please list student's name as it is written on the birth certificate.

*BIRTH CERTIFICATE REQUIRED TO BE SEEN

Last Name	First Name	Middle Initial	Nickname (Optional)	Gender	DOB	Race	Hispanic Latino	Hispanic-Latino Code	Grade	Special Education
							YES NO			YES NO
							YES NO			YES NO
							YES NO			YES NO
							YES NO			YES NO
							YES NO			YES NO

Race American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Hispanic/Latino Codes: Colombian Ecuadorian Guatemalan Mexican Puerto Rican Salvadoran Spanish/Spanish American
Other Hispanic/Latino Decline to Indicate

Native Language: English Spanish Other: please list _____

Parent/Guardian Information

Household Information – Parent/Legal Guardian 1

Name _____
Address _____
City, State, Zip _____
Home Phone _____
Email Address _____
Place of Employment _____

Is this the student primary address? Yes No

Relationship to Child _____
Ethnicity _____
Cell Phone _____
Work Phone _____

Household Information – Parent/Legal Guardian 2

Name _____
Address _____
City, State, Zip _____
Home Phone _____
Email Address _____
Place of Employment _____

Is this the student primary address? Yes No

Relationship to Child _____
Ethnicity _____
Cell Phone _____
Work Phone _____

Household Information – 2nd Parent Mailing Request

Name _____
Address _____
City, State, Zip _____
Home Phone _____
Email Address _____
Place of Employment _____

Relationship to Child _____
Ethnicity _____
Cell Phone _____
Work Phone _____


Emergency Contact/Treatment Permission

Alternate person to call for emergency treatment if parents cannot be reached. If parent(s) cannot be reached, the emergency contact people will also be used for attendance notification purposes.

1. Name _____ Phone _____
2. Name _____ Phone _____

If emergency treatment is required and the parent/guardian cannot be reached immediately, school authorities should use their own judgement in calling the physician listed below, or if not available, an alternate physician. YES NO

Family Physician _____ Phone _____
Family Dentist _____ Phone _____

 Parent/Guardian Signature _____

Health & Medical Information

Does your child have any allergies? _____ If so, please list what kind and the type of reaction and treatment.

Is your child on any type of medication? _____ If yes, please list the type of medication below.

If your child takes prescription medication and you wish school personnel to administer, it is your responsibility to notify the school of this as well as provide the necessary medication, treatment plan and documentation as per school policy. Please contact the office if this applies to you.

Permission to Go Off School Grounds

During the course of the school year, some classes go for walks around the city of Loyal. They may be on a nature hunt, adventure, getting some exercise or participating in a junior high or high school community service project. Please check the appropriate box regarding permission for your child to go off school grounds. The permission is good for one year.



- Yes, my child has permission to go off school grounds for a walk.
- No, my child does not have permission to go off school grounds for a walk.

Transportation

Yes, I will be utilizing the bus service. Miles Transported One Direction _____

My child will be picked up at home.

My child will not be picked up at home.

If my child is not picked up at home, please indicate where he/she will be picked up at:

Pick Up Name & Address _____

Drop off Name & Address _____

I will not need any bussing.

Elementary

Please indicate where your child should be sent on **AN UNSCHEDULED** early release day:

1. Normal Route -OR- 2. Send To: _____

Please indicate where your child should be sent on **A SCHEDULED** early release day:

1. Normal Route -OR- 2. Send To: _____

Last School Attended

Name of School _____

Address _____

Phone _____

Parent In Military_ please complete all 3 questions

Is either parent or guardian on active duty in the military? YES NO

Is either parent or guardian a traditional member of the Guard or Reserve? YES NO

Is either parent or guardian a member of the of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? YES NO

Digital Equity

Question 1 - Internet Access in Residence: *Can the student access the internet on their primary learning device at home?*

- True (Yes)
- False (No)

Question 2 - Barrier to Internet Access in Residence: *If the student is unable to access internet in their primary place of residence, why not?*

- Not Desired
- Not Available
- Not Affordable
- Other

Question 3 - Internet Access Type in Residence: *What is the primary type of internet service used at the residence?*

- Residential Broadband (e.g., DSL, Fixed Wireless, Cable, Fiber)
- Cellular Network
- Hot Spot (school provided hot spot, or school provided service)
- Satellite
- Community Provided Wi-Fi
- Dial-up
- Other
- None
- Unknown

Digital Equity Continued

Question 4 - Internet Performance in Residence: *Can the student stream a video on their primary learning device without interruption?*

- Yes
- Sometimes (*not consistently*)
- No

Question 5 - Primary Learning Device Away from School: *What device does the student most often use to complete school work at home?*

- Desktop Computer
- Laptop Computer
- Tablet
- Chromebook
- Smartphone
- None
- Other

Question 6 - Primary Learning Device Provider: *Who provided the primary learning device to the student?*

- School
- Personal
- Other

Question 7 - Primary Learning Device Access: *Is the primary learning device shared with anyone else in the household?*

- Shared
- Not Shared
- Unknown