

2023-2024 Mineral County School District Enrollment Form

A. STUDENT INFORMATION				
Legal Last Name	First Name	Middle Name	Grade	Has student ever received Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Place of Birth (City, State/Region, Country)		If student was born in a country other than USA, please complete questions below.	
Ethnicity <input type="checkbox"/> NOT Hispanic/Latino <input type="checkbox"/> YES Hispanic/Latino	Date of Birth (mm/dd/yyyy)		Date entered USA(mm/dd/yyyy)	
	Home Phone:	Household Phone:	If new to County, date student first attended school in USA (mm/dd/yyyy)	
Race (mark all that apply) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Two or more races			Is student American Indian and enrolled in a tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOME LANGUAGE SURVEY				Has student ever been suspended for: Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No Violence <input type="checkbox"/> Yes <input type="checkbox"/> No Is student currently on Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No Expulsion <input type="checkbox"/> Yes <input type="checkbox"/> No
MCSDD requires schools to determine the language(s) by each student at school and at home. This information is essential for the schools to provide meaningful instruction for all students under (ELL Title III) What was the First				
Language spoken by the student (Primary Language): _____				
What is the language most often spoken in the home (Home Language) _____				
What is the language most often spoken by the student with friends? _____				
Has your child ever received English as a second language (LEP)(ESL/ELL) services? YES or NO				
B. ADDRESS INFORMATION – Where a student resides the majority of the time.				
Residence Address		City, State, Zip		Parent works at: <input type="checkbox"/> On Base <input type="checkbox"/> On Federal Property <input type="checkbox"/> On Reservation <input type="checkbox"/> On Colony
Mailing Address (if different) Is the parent's name listed on this PO Box? <input type="checkbox"/> Yes <input type="checkbox"/> No		City, State, Zip		
C. PARENT/GUARDIAN INFORMATION:				
Complete this section with information about parents/guardians who reside at the above address.				
Parent #1 in PRIMARY Household: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please specify):				
Last Name		First Name		Cell Phone
				Work Phone
Automated school/district message preference: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text Msg Do you want to receive grade alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No			Email Address	
Parent #2 in PRIMARY Household: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please specify):				
Last Name		First Name		Cell Phone
				Work Phone
Automated school/district message preference: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text Msg Do you want to receive grade alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No			Email Address	
D. PARENT/GUARDIAN INFORMATION: Complete only if student has more than one household.				
Does the parent have joint legal custody but does not have physical custody? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the student live in both residences 50% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Residence Address		City, State, Zip		Parent works at: <input type="checkbox"/> On Base <input type="checkbox"/> On Federal Property <input type="checkbox"/> On Reservation <input type="checkbox"/> On Colony
Mailing Address (if different) Is the parent's name listed on this PO Box? <input type="checkbox"/> Yes <input type="checkbox"/> No		City, State, Zip		
Parent #1 in SECONDARY Household: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please specify):				
Last Name		First Name		Cell Phone
				Work Phone
Automated school/district message preference: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text Msg Do you want to receive grade alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No			Email Address	
Parent #2 in SECONDARY Household: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please specify):				
Last Name		First Name		Cell Phone
				Work Phone
Automated school/district message preference: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text Msg Do you want to receive grade alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No			Email Address	
Custody Alert (for section D only): To restrict a natural/legal parent's access to child or records, school must have a current copy of court documents or specific legal custody agreement on file.				
Parent #1: May pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No			Parent #2: May pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please complete all sections on both sides of this form.				

E. Emergency Contact Information- Contacts will be contacted in the order listed.			
#1 Last Name	First Name	Cell Phone	Work Phone
Relationship		Home Phone	
#2 Last Name	First Name	Cell Phone	Work Phone
Relationship		Home Phone	
#3 Last Name	First Name	Cell Phone	Work Phone
Relationship		Home Phone	
F. SIBLINGS			
First and Last Name	Grade	First Last Name	Grade
First and Last Name	Grade	First Last Name	Grade
First and Last Name	Grade	First Last Name	Grade
G. MEDICAL INFORMATION			
Doctor Name		Phone	
ALLERGIES:			
MEDICAL ALERT PARENT IDENTIFIED:			

EMERGENCY SCHOOL CLOSURE

Students who walk or get picked up should (check one):
 ___ Walk home ___ Stay at school
 Go home with _____
 Address _____
 Phone _____

Students who ride bus should (check one):
 ___ Ride bus home ___ Stay at school
 Ride bus with _____
 Address _____
 ___ **NOT** ride bus
 Go home with _____
 Address _____
 Phone _____

BUSES CANNOT RUN:
Students will be kept at school until parent or guardian is contacted.

PERMISSIONS	YES	NO	PARENT INITIALS
EMAIL AND SCHOOL TECHNOLOGY DEVICES I understand my student will have a district email account connected for the use of MCS D District online curriculum and student Learning Management Systems.			
HUMAN DEVELOPMENT/FAMILY LIFE ED. My child may participate in this education, Grades 5 & up.			
EDUCATIONAL TRIPS & SCHOOL ACTIVITIES My child may participate in field trips and school activities. For out of town field trips, I understand that separate field trip forms will be sent out.			
PICTURES AND VIDEOS By agreeing, photographs or videos of your child can be posted publicly for the purpose of educating students, promoting the school or promoting public education and you give your permission for the school to publish photographs and/or samples of your child's work, regarding your child may be published and shared appropriately.			
NEVADA DEPARTMENT OF EDUCATION CODE OF HONOR & EDUCATIONAL INVOLVEMENT ACCORD. I have read and agree to abide by the CODE OF HONOR AND EDUCATIONAL INVOLVEMENT FORM.			

Military Connected Student:

Is student a dependent of a member of: Full-time Active Duty Military Full-time Active Duty National Guard Reserve Force

None **NAME OF PARENT:** _____

Parents- Please note, any current information in Infinite Campus not listed on this form will be removed.

Parent Signature _____ Print _____ Date _____

The information provided above is true and correct.