

## Kadoka Area School District 35-2 Enrollment Form

**ATTENDANCE CENTER:**  
(Check applicable box)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Kadoka Elementary (K-5) | <input type="checkbox"/> Kadoka Middle School (6-8) | <input type="checkbox"/> Kadoka Area High School (9-12) |
| <input type="checkbox"/> Interior School (K-8)   | <input type="checkbox"/> Long Valley School (K-8)   | <input type="checkbox"/> Midland School (K-8)           |

**STUDENT INFORMATION**

<b>Legal Last Name</b>	<b>Legal First Name</b>	<b>Legal Middle Name</b>	<b>Date of Birth</b>
<b>Last School Attended</b>	<b>City, State</b>	<b>Current Grade</b>	<b>Race</b>
Has your child ever been expelled or long-term suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your child ever been identified for any of the following programs? <small>Check all that apply</small>			
<input type="checkbox"/> Special Education <input type="checkbox"/> Speech <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> None			
Is English your primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>You will also be required to fill out a Home Language Survey.</small>			
Do you consider your family homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If you have questions on homeless status, please see Jeff Nemecek, District Homeless Liaison.</small>			

**HOUSEHOLD INFORMATION**

<b>Parent/Guardian Last Name</b>		<b>Parent/Guardian First Name</b>	
<b>Cell Phone</b>	<b>Landline Phone</b>	<b>Work Phone</b>	
<b>Email Address:</b>			
<b>Parent/Guardian Last Name</b>		<b>Parent/Guardian First Name</b>	
<b>Cell Phone</b>	<b>Landline Phone</b>	<b>Work Phone</b>	
<b>Email Address:</b>			
<b>Residence Address (Physical/Street Address)</b>		<b>City</b>	<b>State</b>
<b>Mailing Address</b>		<b>City</b>	<b>State</b>
On the lines below, please list all minor children in the household.			
<b>First Name</b>	<b>Last Name</b>	<b>Grade</b>	<b>Gender</b>

**INITIAL HERE ONLY IF YOU DO NOT** want to allow the SD Department of Education to share access of student(s) directory information and/or student data using the Infinite Campus student information system, with the SD Board of Regents for a proactive admission process to the six Board of Regents public universities and the four Technical Institutes.

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

\_\_\_\_\_  
Date