2025-2026 Mineral County School District Enrollment Form

A. STUDENT INFORMATION

Legal Last Name	First Name	Middle Name	Grade	**Has student ever received Special Education Services?** ☐Yes ☐No
Gender ☐Female ☐Male	Place of Birth (City, State/Region, Country)	If student was born in a country other than USA, please complete questions below.		
Ethnicity ☐NOT Hispanic/Latino ☐YES Hispanic/Latino	Date of Birth (mm/dd/yyyy)	Date entered USA(mm/dd/yyyy)		**Does student have a current:** IEP ☐Yes ☐No 504 ☐Yes ☐No
	Home Phone: Household Phone: Student Cell Phone:	If new to County, date student first attended school in USA (mm/dd/yyyy)		
Race (mark all that apply) ☐White ☐Asian ☐Black/African American ☐Native American/Alaska Native ☐Native Hawaiian/Pacific Islander ☐Two or more races		Is student American Indian and enrolled in a tribe? ☐Yes ☐No		**Has student ever been suspended for:** **Drugs** ☐Yes ☐No **Violence** ☐Yes ☐No Is student currently on **Suspension** ☐Yes ☐No **Expulsion** ☐Yes ☐No

****HOME LANGUAGE SURVEY****

MCSD 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:** ☐On Base ☐On Federal Property ☐On Reservation ☐On Colony
Mailing Address (if different) Is the parent's name listed on this PO Box? ☐Yes ☐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: ☐Parent ☐Step-Parent ☐Foster Parent ☐Grandparent ☐Other (please specify):

Last Name	First Name	Cell Phone	Work Phone
Automated school/district message preference: ☐Home Phone ☐Cell Phone ☐Text Msg Do you want to receive grade alerts? ☐Yes ☐No		Email Address	

Parent #2 in PRIMARY Household: ☐Parent ☐Step-Parent ☐Foster Parent ☐Grandparent ☐Other (please specify):

Last Name	First Name	Cell Phone	Work Phone
Automated school/district message preference: ☐Home Phone ☐Cell Phone ☐Text Msg Do you want to receive grade alerts? ☐Yes ☐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? ☐Yes ☐No
Does the student live in both residences 50% of the time? ☐Yes ☐No

Residence Address	City, State, Zip	**Parent works at:** ☐On Base ☐On Federal Property ☐On Reservation ☐On Colony
Mailing Address (if different) Is the parent's name listed on this PO Box? ☐Yes ☐No	City, State, Zip	

Parent #1 in SECONDARY Household: ☐Parent ☐Step-Parent ☐Foster Parent ☐Grandparent ☐Other (please specify):

Last Name	First Name	Cell Phone	Work Phone
Automated school/district message preference: ☐Home Phone ☐Cell Phone ☐Text Msg Do you want to receive grade alerts? ☐Yes ☐No		Email Address	

Parent #2 in SECONDARY Household: ☐Parent ☐Step-Parent ☐Foster Parent ☐Grandparent ☐Other (please specify):

Last Name	First Name	Cell Phone	Work Phone
Automated school/district message preference: ☐Home Phone ☐Cell Phone ☐Text Msg Do you want to receive grade alerts? ☐Yes ☐No		Email Address	

Custody Alert (for section D <u>only</u>): 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? ☐Yes ☐No **Parent #2: May pick up from school? ☐Yes ☐No**

<u>Please complete all sections on both sides of this form.</u>

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 MCSD 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.

REV 8/25