Olathe PUBLIC SCHOOLS

# STUDENT ENROLLMENT FORM

**Student #:** _____
**Room #:** _____
**Teacher:** _____

**School Name:** _____

## Student Information

Last Name: _____ First: _____ Middle: _____ Nick Name: _____

Grade Level: _____ Gender: _____ Primary Student Language: _____ Date of Birth: _____

Birth State and Country: _____ _____ Transfer from: (School, Location) _____

Does this student receive special education services? Yes _____ No _____ Primary Exceptionality: _____

## Race and Ethnicity (as required by the U.S. Office of Management and Budget and the U.S. Department of Education)

**Part A pertains only to ethnicity, not race. Regardless of what is selected for Part A, please answer Part B by marking one or more race(s). If you choose not to answer either of these questions, an employee of the school district will be required by law to provide this information based on observation.**

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

___ 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)

Part B. What is the student's race? (Choose one or more):

___ American Indian or Alaskan Native ___ Asian ____ Black or African American ____ Native Hawaiian or other Pacific Islander ____ White

## Student Primary Residence

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: (if different) _____Primary Family Home Phone: (____) _____

Unlisted? Yes _____ No _____ Student Cell Phone: (____) _____ Subdivision: _____

What Language does your child speak/use at home? _____ What Language did your child first learn to speak/use(Native)? _____

What Language do you speak/use with your child? _____ What Language do the adults regularly present or living in the home speak? _____

Does any adult in the student's family need a sign language interpreter? Yes _____ No _____

*Is student eligible for services provided under the McKinney-Vento Homeless Assistance Act : Yes _____

*Have you, or a member of your family, moved in the last 36 months to do, or apply for, agriculture or fishing related work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work? Yes _____ No _____

*Have your children moved with or joined the worker above in the past 36 months? Yes _____ No _____

Student's Social Security #: _____ ** Providing the student's social security number is voluntary. However, omission could impact the receipt of entitlement programs such as direct certification for the free and reduced lunch program, special services and accurate recording of College Board scores to your student's transcript

## Parents/Guardians at Primary Residence

Call Order: _____ Lives With: _____ Contact Allowed: _____ Ed Rights: _____ Has Custody: _____ Financial Responsibility: _____

Last Name: _____ First: _____ Relationship: _____

Employer: _____ Job Title: _____

Work Phone: (_____) _____ Ext: _____ Cell Phone: (_____) _____

*Primary Email Address: _____ Military: Active_____ Reserve _____

*By providing the district an email address, you are agreeing to receive information about your student, including grades, at this email address.

Call Order: _____ Lives With: _____ Contact Allowed: _____ Ed Rights: _____ Has Custody: _____ Financial Responsibility: _____

Last Name: _____ First: _____ Relationship: _____

Employer: _____ Job Title: _____

Work Phone: (_____) _____ Ext: _____ Cell Phone: (_____) _____

*Primary Email Address: _____ Military: Active_____ Reserve _____

**Student Name:** _____

**Student ID:** _____

NON-CUSTODIAL PARENT MAY HAVE ACCESS TO STUDENT INFORMATION UNLESS PROHIBITED BY THE COURT. IF ACCESS IS PROHIBITED BY THE COURT, THE SCHOOL MUST HAVE A COPY OF THE LEGAL DOCUMENT(S).

## Parents/Guardians at Secondary Residence

Call Order: _____ Lives With: _____ Contact Allowed: _____ Ed Rights: _____ Has Custody: _____ Financial Responsibility: _____

Last Name: _____ First: _____ Relationship: _____

Street: _____ City: _____ State: _____ Zip: _____

Employer: _____ Job Title: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Ext:_____ Cell Phone: (_____) _____

*Primary E-mail Address: _____ Military: Active_____ Reserve _____

*By providing the district an email address, you are agreeing to receive information about your student, including grades, at this email address.

Call Order: _____ Lives With: _____ Contact Allowed: _____ Ed Rights: _____ Has Custody: _____ Financial Responsibility: _____

Last Name: _____ First: _____ Relationship: _____

Employer: _____ Job Title: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Ext:_____ Cell Phone: (_____) _____

*Priamry E-mail Address: _____ Military: Active_____ Reserve _____

## Additional Emergency Contacts

Name: _____ Relationship: _____ Release To: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone or Other: (_____) _____

Name: _____ Relationship: _____ Release To: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone or Other: (_____) _____

Name: _____ Relationship: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone or Other: (_____) _____

Day Care: _____ Address: _____ Phone: (_____) _____

## Other Children

| Last | First | Middle | Gender | Date of Birth | School | Grade |
|---|---|---|---|---|---|---|
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## Non-Medical Special Instructions

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### For Office Use Only

First Date Membership _____ School of Residence_____ Home District _____ Mileage _____

Proof of Identity _____ AYP School _____ Subdivision _____ Map Grid _____

Enrollment Code _____ Receipt # _____