

ABERDEEN SCHOOL DISTRICT 6-1 - STUDENT REGISTRATION FORM

Student Name(as appears on Birth Certificate) _____
Last _____ First _____ Middle _____
Birth Date _____ Male _____ Female _____ Grade: _____ Birthplace _____
Student Home Address _____
Physical Address _____ City, State _____ Zip _____
Mailing Address: (Only if different from above) _____

The above address is also the address of:

Name: _____ Relationship to student: _____

Employer & Phone: _____ Email: _____

Cell/Home Phone: _____

Name: _____ Relationship to student: _____

Employer & Phone: _____ Email: _____

Cell/Home Phone: _____

Does Student reside in another household? Please provide the following information:

Name: _____ Relationship to student: _____

Address: _____ Employer & Phone: _____

Cell/Home Phone: _____ Email: _____

Name: _____ Relationship to student: _____

Employer & Phone: _____

Cell/Home Phone: _____ Email: _____

Do the above individuals have Joint and/or Custodial Rights?

Ethnicity: (choose one) _____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino

Race: (choose one or more) _____ American Indian or Alaska Native _____ Asian _____ Black or African American
_____ Native Hawaiian or Other Pacific Islander _____ White

Which language did your child learn first? _____ English _____ Other (specify): _____

Which language is most often spoken in your home? _____ English _____ Other (specify): _____

Which language does your child usually speak? _____ English _____ Other (specify): _____

What language do you most frequently speak to your child? _____ English _____ Other (specify): _____

Parent is currently an active duty member of the Armed Forces or is currently activated and deployed with the National Guard or Reserves. _____ No _____ Yes

If yes, name of Parent(s): _____

Known health issues which limit activity or affect school work? _____ No _____ Yes - explain: _____

Has the Student ever been enrolled in a Special Education Program such as Speech, a 504 Plan, or Resource Room? _____ No _____ Yes

If yes, please explain and provide a copy of IEP: _____

In case of emergency and the parents/guardians listed cannot be reached, I authorize the school to contact the following:

Name: _____ Phone: _____ Relationship to student: _____

Name: _____ Phone: _____ Relationship to student: _____

Please list all other Siblings (include birthdate for children not yet in school):

_____ Birthdate ____/____/____ School Attending: _____

_____ Birthdate ____/____/____ School Attending: _____

_____ Birthdate ____/____/____ School Attending: _____

_____ Birthdate ____/____/____ School Attending: _____

Choice of hospital we should send your child to in case of emergency: please circle one:

Avera St. Luke's

Sanford


Orthopedic Surgery Specialists

****For New/Transfer Students Only:**

School last attended: _____ City/State: _____

Parent/Guardian Signature: _____

Date: _____

	ABERDEEN SCHOOL DISTRICT 6-1	NEPN Code: IJNDC-E
	POLICIES AND REGULATIONS	

**ACCEPTABLE USE POLICY
FOR THE TECHNOLOGY RESOURCES AGREEMENT FORM**

STUDENT

I understand and will abide by Aberdeen School District Acceptable Use Policy for Technology Resources (IJNDC and IJNDC-R). I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action, and/or appropriate legal action may be taken.

Student's Name (please print): _____ Building: _____

Signature: _____ Date: _____

PARENT OR GUARDIAN

(If you are under the age of 18, a parent or guardian must also read and sign this agreement)

As the parent/guardian of this student, I have read Aberdeen School District Acceptable Use Policy for Technology Resources (IJNDC and IJNDC-R). I understand that this access is designed for educational purposes. The Aberdeen School District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the Aberdeen School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I also understand that the Aberdeen School District will do its best to provide error free, dependable access to the computing resources associated with Internet use. However, the district can not be held liable for any information that may be lost, damaged, or unavailable due to technical or other difficulties. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting.

I understand that by signing this agreement my child is granted permission to use the Internet during his/her attendance at the building identified above. In order to withdraw Internet use permission, I must submit written notice to the building principal.

I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent/Guardian's name (please print): _____

Signature: _____ Date: _____

REVIEWED: February 12, 2007

REVISED: October 26, 2009

REVIEWED: May 11, 2015

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Aberdeen School District

Student Authorization

1. Consent is hereby granted to the Aberdeen School District for the use of news releases, photographs, digital images, and television participation involving my child individually. These images may appear in various publications, presentations, school district web pages, and/or television broadcasts. This authorization will remain in effect until further notice to the contrary by the parents/guardian or until your child enters another level of school (elementary to middle, middle to high school).
2. I understand that field trips and excursions may be taken during the school year for educational purposes and that my child may go or remain in school, depending upon my wish. Unless I so advise the teacher in writing in the case of a particular proposed trip, it is my desire that my child shall take such excursions and field trips. The teacher shall exercise due care and caution in providing for the safety of his/her pupils while on such excursions. It is understood that I hereby release the teachers and principal of the school from liability for any injury my child may sustain on such trips or excursions and agree to hold said teacher and principal blameless, beyond exercise of due care and caution, in the event of any such injury.
3. I understand that all rules and regulations governing student conduct remain in effect while my child is on the field trip and that my child must be dressed properly and protected appropriately for the environmental conditions.

I GIVE PERMISSION FOR ALL OF THE FOREGOING AUTHORIZATIONS.

Parent Printed Name

Parent Signature

Student Printed Name

Date

If you do not want to authorize either of the foregoing, contact the principal's office .



Request for School Records

Mike Miller Elementary School
3010 Milwaukee Avenue NE
Aberdeen, SD 57401



Phone: 605.725.7800
Principal: Nicole Schutter

Fax: 605.725.7899
Administrative Assistant: Peggy Mohr
peggy.mohr@k12.sd.us

The following Student(s) listed below has/have enrolled in our school.

Student's Name	Grade

Last School Attended:	
Address, City and State:	
Phone:	
Fax:	

***Please Email (peggy.mohr@k12.sd.us)/Mail/Fax the following:

- ➡ Academic Records/Current Grades and Report Cards
- ➡ Immunization Records
- ➡ Birth Certificate
- ➡ Achievement Test Scores
- ➡ Special Programs (if Applicable)
 - _____ Special Education (IEP)
 - _____ Speech
 - _____ ESL (English as a Second Language)

**I hereby grant permission for the release of school records for the above named Child(ren).

Parent Signature

Date