

2021-22 ABERDEEN CENTRAL HIGH SCHOOL

STUDENT ENROLLMENT FORM

TO BE FILLED OUT BY PARENT OR GUARDIAN - This form becomes a part of the student's record and must be signed by the parent/Legal guardian. In addition to aiding school officials, this information may be requested by government agencies. Please keep your address and phone numbers current. SDCL 13-27-3.1 requires the parent/legal guardian to provide the school with a certified copy (not hospital copy) of the student's birth certificate. **NEW STUDENTS** - enrollment may not begin until all of your records are on file with us.

Student Information					
Last Name - Legal Name on Birth Certificate		First Name		Middle Name	
				M/ F	
Nickname	Date of Birth	Place of Birth	Student Cell Phone	Sex	Current Grade
Address:			Home Phone:		
City:		State:		Zip:	
Mailing Address if different from above:					
Does student require any of the following services? <input type="checkbox"/> IEP <input type="checkbox"/> LEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> Speech/Language <input type="checkbox"/> Other					
If "Other", please explain:					
Is this student currently under suspension or expulsion from his/her previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Previous school attended:					
City:		State:			
Any medical conditions / on any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No — if Yes, explain:					
Ethnicity: Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is this student's race? <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian /Other Pacific Islander					

Student lives with:

Name
Relationship to student
Employer
Work Phone
Personal Cell Phone
E-Mail Address

Name
Relationship to student
Employer
Work Phone
Personal Cell Phone
E-Mail Address

Parent / Guardian Signature

Date

Please complete reverse side

Special Information

It is the responsibility of the parent / legal guardian to keep our address and phone numbers current with us at all times for the School Messenger Instant Parent Contact System to work accurately to keep you posted via phone calls/e-mails with important and sometimes emergent announcements.

Who has Legal Custody? ☐ Both Parents ☐ Grandparent(s) ☐ Parenting Plan
☐ Father ☐ Guardian(s) ☐ Independent (18 or Older)
☐ Mother ☐ Ward of Court ☐ Other Relative

Copy of court or other legal documents may be required.

Joint/Non-Custodial Parent Info:

In some instances, there is a parent that does not live with the student but is entitled to receive report cards, information, etc. If the name and address is provided, we will mail them a copy.

Name

Relationship to Student

Phone Number

Mailing Address

City, State, Zip

Emergency Contact Information:

If you cannot be contacted in case of emergency, please provide emergency contact information.

Name: _____ Phone: _____
Number: _____

Relationship to student: _____

Name: _____ Phone: _____
Number: _____

Relationship to student: _____

☐
YES

Student has a parent who is a member of the Armed Forces on "active duty". Check "Yes" If applicable. This also includes full-time members for the National Guard Reserve that are activated and deployed. Leave blank if no.

If this student is Native American, please provide the following information:

Tribal Enrollment: _____ Enrollment Number: _____ Blood Degree: _____

Known health problems or handicaps: _____ Does the school have your permission to contact emergency health care for your student if you cannot be reached in an emergency? **Y** ___ **N** ___
Responsibility for payment of ambulance, physician, and/or hospital expenses is that of the parent/legal guardian.

For Emergency Medical Treatment, contact:

(The parent/legal guardian will be held responsible for any medical expenses incurred)

Physician

Clinic

City/State

Phone Number

Hospital Preference — circle one

Avera St Luke's

Sanford

1. Which language did your child learn first? _____ English _____ Other, specify _____
2. Which language is most often spoken in your home? _____ English _____ Other, specify _____
3. Which language does your child usually speak? _____ English _____ Other, specify _____
4. What language do you most frequently speak to your child? _____

RECORDS REQUEST

CENTRAL HIGH SCHOOL
REGISTRAR'S OFFICE
2200 S Roosevelt Street
Aberdeen, SD 57401

605-725-8110 - Phone
605-725-8199 - Fax
Carol.Rutherford@k12.sd.us - E-Mail

REQUEST OF SCHOOL RECORDS FOR:

Student Name _____ Grade _____

From Previous School _____

School Address _____

City, State, Zip _____

School Phone _____ School Fax: _____

Student Date of Birth _____ Student SIMMS _____

Please include the confidential files, birth certificate, immunizations, evaluations, special education records, health records, academic information, testing data, attendance information, SD SIMMS ID number, and any other information that may be helpful to us in working with this student. Thank you for your prompt response to this request.

Please FAX or E-MAIL: transcript, birth certificate, immunizations and any IEP & Special Ed Testing Records ASAP - if you are an Infinite Campus user - please release the records online before sending the cum file. Thanks!

Notes: Please fax or email the transcript and if applicable the IEP and evaluations right away so I can set up a schedule. Thank you.

Parent / Guardian

Central High School Authorized Signature

Date of Request

Approximate Start Date at Central High School _____

RECEIVING SCHOOL:

Central High School
Attn: Carol.Rutherford, Registrar
2200 S Roosevelt Street
Aberdeen, SD 5401