



221 3<sup>rd</sup> Street Mellette, SD 57461 Phone (605) 887-3467 Fax (605) 981-5626

**Rob Lewis, Superintendent/Special Ed Director**  
**Christopher Ulrich, 6-12 Principal**  
**Nora Groft, Athletic Director**

**Richard Osborn, K-5 Principal/iSucceed High School**  
**Jenna Brinkman, Business Manager**  
**Jessica Halvorson, Administrative Assistant**

## Student Enrollment Form

Student Full Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Gender: \_\_\_\_\_ Is this student Hispanic/Latino? YES or NO (**circle one**) Is student a US citizen? \_\_\_\_\_

Race – Please choose one or more that apply

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

Do you live in our school district? \_\_\_\_\_  
Does student require open enrollment from another school district? \_\_\_\_\_  
Will student require busing? \_\_\_\_\_ County residing in: \_\_\_\_\_  
Do you have legal custody of child(ren) enrolled here? \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ (name and location)  
If your previous school was not located in South Dakota, has your child ever attended a South Dakota school? \_\_\_\_\_  
If yes, provide school name and location \_\_\_\_\_

### Household Information:

Parent/Guardian Names: \_\_\_\_\_  
Other children or members of household: \_\_\_\_\_  
Household Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #(s): \_\_\_\_\_ Work Phone #(s): \_\_\_\_\_  
Other Phone #'s: \_\_\_\_\_ (Please indicate whose phone #'s are listed for each)  
E-mail Addresses: \_\_\_\_\_  
Would you like the daily announcements e-mailed to you? \_\_\_\_\_  
Emergency Contact Other Than Parents: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

### Secondary Household Information (only needed for split households):

Other Parent Names: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #(s): \_\_\_\_\_  
E-mail Addresses: \_\_\_\_\_

Student's Physician Info: \_\_\_\_\_  
Would you like a username/password to check your student's grades, attendance, lunch balance online? \_\_\_\_\_  
Other siblings attending Northwestern and their grade level: \_\_\_\_\_  
Will you be or have you been on the Free/Reduced Meal Program? \_\_\_\_\_  
Did you move into the district to seek/secure work in an agriculture or related field? \_\_\_\_\_  
If so, what type? \_\_\_\_\_  
Please check if any of the following conditions apply to this student: ☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Cancer ☐ Hearing Impaired ☐ Physically Impaired ☐ Heart Condition ☐ Seizure ☐ Allergy ☐ Medicine Allergy ☐ Peanut Allergy ☐ Milk Allergy ☐ Vision Impaired ☐ Other \_\_\_\_\_  
Is student currently under medical treatment? \_\_\_\_\_  
If so, please explain \_\_\_\_\_ Regular medications: \_\_\_\_\_  
Disabilities: \_\_\_\_\_ Is student on an IEP (Individual Educational Program)? \_\_\_\_\_