

# ENROLLMENT FORM

## Haven Preschool

Student #: \_\_\_\_\_  
State ID #: \_\_\_\_\_

Student's FULL Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Birth place: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Resident School District Number: \_\_\_\_\_ District entry date: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Please indicate with whom the student lives: \_\_\_\_\_

Email address: \_\_\_\_\_

Non-Custodial Information - Enter only if a parent does not live in the child's household.

Name: \_\_\_\_\_

Do we need to mail separate gradecards, etc. to the non-custodial parent? (Please mark one.)  YES  NO

Mailing address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Race and Ethnicity: (Note: Both Part A and Part B of the question must be answered.)

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.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking what you consider your student's race to be.

Part B: What is the student's race?

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

What is the language most often spoken/used at home?: \_\_\_\_\_

Please continue to the other side of this enrollment form.

Student's name: \_\_\_\_\_

*Please mark and answer all applicable questions below.*

- Does this student receive Special Education Services? \_\_\_\_\_
- Has this student ever attended another school in USD 312? If so, which school? \_\_\_\_\_
- Does this student live outside of the city limits of the school of attendance? \_\_\_\_\_
- Bus Rider? To and from what address? \_\_\_\_\_
- Does this student have a parent actively in the military? \_\_\_\_\_
- What was your student's original date of enrollment into a state of Kansas school? (Can be an approx. date.) \_\_\_\_\_

Please list all children in the household who are 5 years of age and under.

Name	Birthdate	Name	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____

### Emergency Information

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact.

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Allergies: \_\_\_\_\_

List any Medical Comments/Considerations: \_\_\_\_\_

List any Medical Alerts: \_\_\_\_\_

Alert Now Phone Calling System - Please list the two most common phone numbers you may be reached at.

Alert Now Phone #1: (\_\_\_\_) \_\_\_\_\_ Alert Now Phone #2: (\_\_\_\_) \_\_\_\_\_

### Consent to Participate in Field Trip or Other Activity and Consent for Treatment

I, the parent and legal guardian of \_\_\_\_\_, give my consent for my child to participate in field trips/other activities taken by Haven Grade School during the current school year. I further give my legal consent and authorize any representative of Haven Grade School to give medication or authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801, and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child. I acknowledge and agree that Haven Grade School is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current work and home phone numbers to the school.

I agree to allow Haven Grade School to publish such things as honor roll, team roster, etc., as Haven Grade School has done in the past. If you do not wish your child's name, picture, etc. to be published, you need to notify Superintendent Clark Wedel in writing on or before September 15, of the current school year.

\_\_\_\_\_  
Legal Parent/Guardian Signature

\_\_\_\_\_  
Date