

UNITY SCHOOL DISTRICT NEW STUDENT REGISTRATION

REGISTRATION DATE: _____ ENTRY DATE: _____ GRADE: _____

LEGAL NAME: _____ **GENDER:** M; F
Last First Middle

MAILING ADDRESS: _____
 PHYSICAL ADDRESS: _____

TOWNSHIP VILLAGE: _____ BUS NO. _____ WI ID# _____

HOME PHONE : _____ CELL PHONE: _____

Birth Cert Birth Date: _____ Birth City: _____ State: _____ SSN _____

Verified by: (name/date) _____

ETHNICITY: Hispanic/Latino; Am Ind/AK Native; Asian; Blk/African-Am; Nat Hawaiian/
 Pacific Islander White

STUDENT LIVES WITH:	RESPONSIBLE FOR STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME: _____	RELATIONSHIP: _____
CELL PHONE _____	EMAIL _____
OCCUPATION: _____	EMPLOYER: _____
EMPLOYER ADDRESS _____	PHONE: _____
	RESPONSIBLE FOR STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME: _____	RELATIONSHIP: _____
CELL PHONE _____	EMAIL _____
OCCUPATION: _____	EMPLOYER: _____
EMPLOYER ADDRESS _____	PHONE: _____

2ND MAILING (i.e. joint custody, non-custodial parent)	RESPONSIBLE FOR STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME: _____	RELATIONSHIP: _____
PHONE NUMBER _____	CELL PHONE _____
MAILING ADDRESS: _____	
OCCUPATION: _____	EMPLOYER: _____
EMPLOYER ADDRESS _____	PHONE: _____

LIST OTHER CHILDREN IN THE FAMILY (PRESCHOOL AND SCHOOL AGE):

NAME	DATE OF BIRTH	GRADE
_____	_____	_____
_____	_____	_____

DOES THIS STUDENT HAVE AN INDIVIDUAL EDUCATION PLAN (IEP)? YES NO

DESIGNATION? (i.e. Learning Disability, Emotional/Behavioral) _____

PREVIOUS SCHOOL(S) ATTENDED

Name: _____
 Address: _____
 Phone/Fax: _____

RECORDS REQUESTED ON:

Is this student expelled or being considered for expulsion from previous school?
 Yes No

Please check this box if you wish to grant permission for your child to use the internet at Unity. You are agreeing to terms listed in the Unity Internet/computer usage agreement.

ENROLLMENT IS CONDITIONAL PENDING RECEIPT OF ALL SCHOOL RECORDS

IN CASE OF EMERGENCY CALL (other than who student lives with):

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

DOCTOR: _____ HOSPITAL: _____

DENTIST: _____ DENTAL CLINIC: _____

In case of serious accident or illness at school, your child will be sent to an emergency medical facility. The parent(s) / guardian(s) is/are responsible for expenses.

VISION PROBLEMS:

Wears glasses/contacts: YES NO

Other: _____

EAR/HEARING PROBLEMS: YES NO

Right ear Left ear

- | | | |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent ear infections |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing loss |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear tubes/date inserted _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Wears hearing aid |

Allergies:

YES NO

To what? _____

Asthma:

YES NO

Inhaler sent to school:

YES NO

Bladder/Bowel Problems:

YES NO

Diabetes:

YES NO

Has own monitor at school:

YES NO

Heart Problems:

YES NO

Seizures:

YES NO

Other: (disability/restrictions) _____

CONSENT FOR MEDICAL CARE

To the extent health care services are provided to my minor child consistent with this consent, I agree to waive, indemnify and hold the facility(ies) named above, its employees, agents, and representatives, harmless from any claims of failure to first obtain my permission to examine or treat my minor child.

I hereby consent to allow _____ (clinic) and/or _____ (hospital) its staff, physicians, and surgeons to provide health care services to my minor child whose name is:

Medical Insurance _____ Group # _____

This consent is: (check all that apply)

Limited to emergency services. Only, under circumstances where the medical facility has been unable, in the exercise of due diligence or because of the nature of the emergency, to contact me or to contact me quickly enough to otherwise obtain my consent.

A general consent is intended to allow the medical facility to examine or treat my minor child without first obtaining any additional consent.

MEDICATIONS: List medications the student takes at home either daily or occasionally (Must have written permission and in pharmacy/original container to be given at school). Prescription medication must have physician written order to be given at school.

MEDICATION NAME	PURPOSE	DOSAGE
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A student's health record is of vital importance. The health information you provide enables the district staff and any health care facility to provide safe optimal learning and health care services. Failure to provide health information may adversely affect the learning process, health care services or your child's safety. For these reasons we encourage you to keep the school nurse informed of you child's health status.

Parent Guardian Signature _____ **Date** _____

I have read the above statements. I agree to supply the data on this card with full knowledge of the information in that statement.

Unity School District does not discriminate on the basis of age, sex, race, color, national origin, religion, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability or handicap.

**UNITY SCHOOL DISTRICT
PARENT/GUARDIAN LANGUAGE SURVEY**

Student's Name: _____ Grade _____

Relationship of person completing this survey:

____ Mother ____ Father ____ Guardian Other/Specify _____

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate.

- | | English | Other
Language |
|------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------|
| 1. What language did the child learn when she/he first began to talk? | _____ | _____ |
| 2. What language does the family speak at home? | _____ | _____ |
| 3. What language does the child speak to their parents most of the time? | _____ | _____ |
| 4. What language does the parent(s) speak to the child most of the time? | _____ | _____ |
| 5. What language does the child hear and understand in the home? | _____ | _____ |
| 6. What language does the child speak to her/his brothers/sisters? | _____ | _____ |
| 7. What language does the child speak to her/his friends most of the time? | _____ | _____ |
| | Yes | No |
| 8. Can an adult family member or extended family member speak English? | _____ | _____ |
| 9. Can they read English? | _____ | _____ |
| 10. Do the parents/guardians request oral and/or written communication from the school to be in English? If no, in what languages? | _____ | _____ |

Signature of person completing survey _____ Date _____

Unity High School Enrollment Survey

Student's Legal Name: _____

Date of Birth: _____

Date of Enrollment: _____

Last Grade Completed: _____

Would your student like _____ Band? _____ Choir?

PLEASE ANSWER THE FOLLOWING:

YES OR NO

1.) Has the student ever been expelled from school? If yes, from what school, when and for what length of time?

YES OR NO

2.) Has the student been retained at any level grade? If yes, why?

YES OR NO

3.) Has absenteeism ever been greater than 10 days per year? If yes, why?

YES OR NO

4.) Has the student ever received special help for any subject or for any part of the day? If yes, what type of help or program?

YES OR NO

5.) Has the student ever been tested by educational specialists for which parental permission was obtained? _____

YES OR NO

6.) Was the student ever placed in a special program? If yes, circle those which apply: Early education/handicapped, speech & language, learning disabilities, emotionally handicapped, hearing impaired, vision impaired, other: _____

YES OR NO

7.) Has the student been receiving supportive services from a guidance counselor, psychologist, social worker or any other supportive personnel?

YES OR NO

8.) Are there any known problems of academic, social, physical or emotional adjustments? If yes, please list:

Comments:

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____