



USD 496 Pawnee Heights Student Enrollment Form

Student Information

Name _____ <small>First Middle Last</small>	Grade _____
Address _____ <small>Physical and Mailing (if different)</small>	City _____, KS _____ <small>Zip</small>
Birthdate _____ <small>MM/DD/YYYY</small>	Gender _____ <small>M/F</small>
Cell Number _____ <small>if applicable</small>	Resident School District _____

Mother/Guardian Information

Father/Guardian Information

Name _____	Name _____
Mailing Address _____	Mailing Address _____
City-St-Zip _____	City-St-Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Email _____	Email _____
Prefer contact by cell phone? <input type="checkbox"/> YES <input type="checkbox"/> NO	Prefer contact by cell phone? <input type="checkbox"/> YES <input type="checkbox"/> NO
Resides with? <input type="checkbox"/> YES <input type="checkbox"/> NO	Resides with? <input type="checkbox"/> YES <input type="checkbox"/> NO
Receive mailings? <input type="checkbox"/> YES <input type="checkbox"/> NO	Receive mailings? <input type="checkbox"/> YES <input type="checkbox"/> NO
(If applicable)	(If applicable)
Step Parent _____	Step Parent _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____

Student receives Special Education Services? YES NO If yes, please indicate IEP 504 Plan

Student lives 2.5 miles or more from their attendance center? YES NO

Student will require bus transportation to and from school? YES NO

Please list any special transportation instructions/circumstances: _____

Emergency Information

In case of an emergency, we will attempt to contact parent/guardian first. Please provide at least two contacts we may use in this case if parent/guardians are unable to be reached.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician _____ Phone _____

Health Insurance Provider _____ Policy # _____

Allergies? YES NO If yes, please list _____

Does your child have a condition that may require medication to be taken at school? YES NO

If yes, please have our Prescription Medication Administration Form filled out and signed by a doctor.

Permissions

As parent or legal guardian of the above-named student, I give my consent for this child to participate in field trips and other activities during the 2023-2024 school year.

If I cannot be contacted in an emergency, I give permission for medical treatment.

I further give my legal consent and authorize any representative of the school to authorize emergency medical treatment, including any necessary surgery or hospitalization for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity and consent to the medical care of any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A 65-2801.

I agree to pay for and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child.

I acknowledge and agree that the 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 reasonable attempt to contact me to seek my permission to authorize the treatment. To facilitate contacting me, I agree to continue to provide current work and personal phone numbers to the school.

Parent/Guardian Name PRINTED

Parent/Guardian SIGNATURE

Date