

Hillsboro Elementary School - New Student Enrollment Form

Student Information		
Legal First Name:	Middle Name:	Date of Birth:
Legal Last Name:	Grade:	
Date first enrolled in a school in the U.S.:	Male	Female

Does the student have an IEP (Individualized Educational Plan) Y / N

Parent / Guardian Name(s):

<u>Father:</u>	<u>Mother:</u>
Cell Phone #:	Cell Phone #:
Email:	Email:
Address:	

Non-Custodial Parent wishing to receive Grades & Newsletters:

Name:	Email:
Mailing Address:	

Request for Records

The student listed above, formerly enrolled at your school, is now enrolling as a student at USD #410 Hillsboro Elementary School. Please provide us with the items checked below.

- | | |
|---|---|
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> Immunization / Health Records |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> KIDS ID# | <input type="checkbox"/> Any Special Education Records |

School transferring from: _____

School's address & phone number: _____

Signature of Parent/Guardian/School Official: _____

Please send information to: Hillsboro Elementary School
 812 East A Street
 Hillsboro, KS 67063
 620-947-3184, Ext. 1

Student's Name: _____ Grade _____
(please fill out a separate form for each child in the home)

Part A. Is this student Hispanic / Latino? (Choose only one)

- No, not Hispanic / Latino
- Yes, Hispanic / Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, 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 one or more boxes to indicate what you consider your student's (or your) race to be.

Part B. What is the student's race? (Choose one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Part C: What language did your child first learn to speak/use?

English Spanish Other (please specify) _____

What language does your child speak/use at home?

English Spanish Other (please specify) _____

What language do you speak/use with your child?

English Spanish Other (please specify) _____

What language do the adults regularly present or living in the home speak/use while in the presence of the child?

English Spanish Other (please specify) _____

Part D: Migrant Education Program Information

The Migrant Education Program provides formula grants to local education agencies to establish or improve education programs for children who may qualify for the Migrant Program. Please help us determine your child's eligibility for the Migrant Program by responding to the following questions.

Have you or a member of your family moved in the last 36 months to do, or apply for, agriculture or fishing related work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work?

Yes No

Have your children moved with or to join the worker above in the past 36 months?

Yes No

Parent/Guardian Signature: _____ Date: _____