

WELLSVILLE MS/HS USD #289 NEW STUDENT INFORMATION

Today's Date _____ Live in District? _____ Previous Dist/School At _____
Student Start School Date _____ Dist Entry Date _____ State Entry Date _____

STUDENT INFORMATION: (Last) _____ (First) _____ (Middle) _____ (Nickname) _____ Gender _____

STUDENT LEGAL NAME: _____ M / F _____

DOB ____ / ____ / ____ SSN# ____ - ____ - ____ HOME PHONE# ____ - ____ - ____ GR: 6 7 8 9 10 11 12

RACE/ETHNICITY: Part A: Is the student Hispanic/Latino? (Choose only one) No Yes, (A person who is Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.)

Part B: What is the student's race (Choose one or more)
 American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America (including South 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.)

ADDRESSES: PHYSICAL ADDRESS (where stu lives) MAILING ADDRESS (for PO BOX)

Street _____

City/St/Zip _____

Does the student live out of city limits? No Yes (If yes you must complete the bus rider form even if not a rider.)

Legal Custoday: Both Parents Alternately Btwn Parents Mother Only Father Only Other

PARENT/GUARDIAN INFO: Father or Guardian Mother or Guardian
(Include contacts below in order #) Contact Order # _____ Contact Order # _____

Name _____

Mailing _____

City/St/Zip _____

If address is different want mailings? _____

Home Phn # _____

Cell Phn # _____

Employer _____

Work Phn # _____

Email (all) _____

OK to communicate via: Email Text Voice Msg Email Text Voice Msg

Ok to communicate with Student: Cell phn # _____ Email _____

ADDITIONAL CONTACTS: If unable to contact parent(s)/guardian(s) only the following individuals have permission to authorize release or pick up of student from school:

(include parents in order#) Contact Order # _____ Contact Order # _____ Contact Order # _____

Name _____

Relationship _____

Home Phn # _____

Cell Phn # _____

Work Phn # _____

If unable to contact parents and emergency caregivers and it's deemed a true emergency by the school, I give permission for my child listed on this form to be transported by ambulance to the nearest hospital. I understand that USD #289 is not financially responsible for individual medical, dental, emergency transportation, or hospital services. I give permission for the information in my child's health records to be shared with other appropriate professionals, including my child's physician and KWIBZ (immunization web site). I have read and understand the medication consent information on the back of the form. It is the parent/guardian responsibility to notify the school of changes in address, phone, or emergency contacts.

Parent/Guardian Signature _____ Date _____