



# MIDKOTA SCHOOL DISTRICT

## Enrollment Form



1) Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female

Child's Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian/other pac islander ☐ White

Is this student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

2) Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female

Child's Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian/other pac islander ☐ White

Is this student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

3) Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female

Child's Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian/other pac islander ☐ White

Is this student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

4) Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female

Child's Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian/other pac islander ☐ White

Is this student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Guardian #1 Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

- ☐ Father ☐ Stepfather ☐ Legal Guardian  
☐ Mother ☐ Stepmother ☐ Foster Parent  
☐ Address same as Child's above.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

### Parent/Guardian #2 Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

- ☐ Father ☐ Stepfather ☐ Legal Guardian  
☐ Mother ☐ Stepmother ☐ Foster Parent  
☐ Address same as Child's above.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

**Siblings:** (not enrolled in school yet)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I give permission for my child(ren) to go on field trips. I release Midkota School and individuals from liability in case of an accident during activities related to Midkota School as long as normal safety procedures have been taken. \_\_\_\_\_YES \_\_\_\_\_NO

**Storm Home Information**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**In Case of An Emergency:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Should an emergency arise and we are not able to contact you, do we have your permission to take your child to the emergency room of the nearest hospital, at your expense, and do we further have your authorization for the hospital and its medical staff to provide such treatment as a physician deems necessary for the well-being of your child? \_\_\_\_\_YES \_\_\_\_\_NO

**Please check if your child(ren) have any medical conditions:**

Child's Name: \_\_\_\_\_ ☐ Allergies (specify): \_\_\_\_\_

☐ Asthma ☐ Diabetes ☐ Seizures ☐ Other: \_\_\_\_\_

Child's Name: \_\_\_\_\_ ☐ Allergies (specify): \_\_\_\_\_

☐ Asthma ☐ Diabetes ☐ Seizures ☐ Other: \_\_\_\_\_

**Emergency Contact #1 Information:**

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

Relationship to student(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact #2 Information:**

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

Relationship to student(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Copy of Birth Certificate: \_\_\_\_\_

Student Records Request: \_\_\_\_\_

Immunization Record: \_\_\_\_\_

Student entered into: Powerschool \_\_\_\_\_ Automated Calling \_\_\_\_\_ Messenger List \_\_\_\_\_ Renaissance \_\_\_\_\_