

Lead-Deadwood School District #40-1

Phone: (605) 717-3890

Fax: (605) 717-2813

Website: www.lead-deadwood.k12.sd.us

AUTHORIZATION FOR TRANSFER OF SCHOOL RECORDS

_____ has enrolled in the _____ grade at:

Lead-Deadwood Elementary School

716 Main Street

Deadwood, South Dakota 57732

(605) 717-3884

Fax: (605) 717-2823

Please send the following records to us at the above address.

- | | |
|---|---------------------------|
| • Transcript of grades, courses and credits | Standardized Test Results |
| • Permanent Records | Discipline Files |
| • Special Education Records (If Applicable) | Immunization Records |
| • Certified Birth Certificate | Attendance Files |
| • SIMS Number (South Dakota schools) | Health Records |

School Last Attended: _____

Address: _____

City/State/Zip Code: _____

School Phone Number _____ Fax Number _____

Parent/Guardian Signature

Relationship

Date

Address

City/State/Zip

Date of Registration: _____

LEAD-DEADWOOD SCHOOL DISTRICT Registration Form

Student's Name: _____

Last First Middle Gender Date of Birth Grade

Physical Address: _____ Primary Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Student Cell Phone #: _____

Indicate any special programs or services received: IEP 504 Title 1 Other

Language spoken at home if other than English: _____

What is the language most frequently spoken at home? _____

What language did your child learn when he/she first began to talk? _____

What language does your child most frequently speak at your home? _____

What language do you most frequently speak to your child? _____

Is this student Hispanic/Latino: Yes _____ No _____

Ethnic origin: (check all that apply) _____ White _____ Black/African American _____ Asian
_____ Hispanic/Latino _____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Island
_____ Other

**In accordance with the new standards issued by the U.S. Department of Education, school districts must collect and report race and ethnicity for students and staff. This is not optional for states. The SDDOE is required to submit all federal reports utilizing the new race/ethnicity categories.

Student resides with: (Circle) Both Parents Mother Father Guardian Foster Parent Other

Mother/Guardian: _____

Circle One: Natural, Step, Foster, Other _____ Living in the home: Yes _____ No _____

Address if different than student: _____

Cell Phone: _____ Email: _____

Place of Work: _____ Work Phone #: _____

Father/Guardian: _____

Circle One: Natural, Step, Foster, Other _____ Living in the home: Yes _____ No _____

Address if different than student: _____

Cell Phone: _____ Email: _____

Place of Work: _____ Work Phone #: _____

If one of the two natural parents of the child does not have custody, please include the following:

Name of non-custodial parent: _____

Address: _____ Phone: _____

***Relatives are not necessarily legal guardians. If you are the legal guardian, you will be asked to provide legal documentation. If you are not the child's mother, father, or legal guardian, you must apply for district assignment according to provision of SDCL 13-28-10.

****Please list all other adults & siblings in the household**

Name	Age	School	Grade	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMERGENCY CONTACTS

In the event of an emergency, we will make every attempt to contact the parents/guardians listed at the numbers provided. Please provide other Emergency Contacts in the event we are unable to contact you.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Birth Certificate and Immunization Record Submission

I agree to submit a certified copy of my child's birth certificate or affidavit in lieu of birth certificate according to SDCL 13-27-3.1 and a copy of my child's immunization records within thirty days of initial enrollment.

I understand that a certified copy of the birth certificate must be in school records within 30 days of initial enrollment. If a copy is not received within 30 days, this will result in the exclusion of my child from school attendance and my child's name and address will be turned over to the state's attorney's office in violation of SDCL 13-27-3-1 or 13-27-3.2.

Parent/Guardian Signature

Date

Student of Active Military Parent: Yes _____ No _____

If Yes: Please indicate what branch: _____

It is the responsibility of the school district to collect this information from the family. The definition of an "Active Duty Military Parent" includes a parent who is a member of the Armed Forces on active duty. "Armed Forces" means the Army, Navy, Air Force, Marine Corps, and Coast Guard. This also includes full-time members of the National Guard Reserve. Students whose parent(s) are in the National Guard and who have been ACTIVATED and DEPLOYED are to be considered a Student of Active Military Parent.

**Lead-Deadwood School District 40-1
McKinney-Vento Act
Student Residency Questionnaire**

Name of Student: _____ Date of Birth: _____

Name of School: _____ Age: _____ Grade: _____

Please answer these questions about the student's residency. The information you provide is confidential. The purpose of this information to ensure the rights of your child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.

- | | | |
|--|-----------|----------|
| 1. Is the student's address a temporary living arrangement? | _____ Yes | _____ No |
| 2. Is the student's living arrangement due to loss of housing or financial hardship? | _____ Yes | _____ No |
| 3. Has this student been considered homeless in the last two years? | _____ Yes | _____ No |
| 4. If you answered yes to question three, do you receive Section 8 Housing Assistance? | _____ Yes | _____ No |

Name of Parent, Guardian or education decision maker:

Name _____ Signature: _____ Date _____

Name _____ Signature: _____ Date _____

OR

Student (Unaccompanied Homeless Youth):

Name _____ Signature: _____ Date _____

Address: _____

Email: _____ Phone: _____

If the answer to either of the first two questions is yes, please complete the remainder of this form:

Where is the student identified above currently living? (Please check one)

_____ In a motel or hotel due to loss of housing or financial hardship

_____ In an emergency or transitional shelter

_____ Sharing another family's house or apartment due to loss of housing, economic hardship, or a similar reason

_____ In an inadequate trailer or camper

_____ In a car, park, camping ground, street, or abandoned building

_____ Moving from place to place (couch surfing)

_____ Other: _____

Last school the student attended:

School: _____

Address: _____ City: _____ State: _____

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required.

South Dakota Immunization Information System (SDIIS) Access Agreement

To ensure the South Dakota Department of Health is aligning with the Health Insurance Portability and Accountability Act (HIPAA) Omnibus Rule, a School Health Official must obtain parent, guardian or legal representative agreement before accessing a student's immunization record in the South Dakota Immunization Information System (SDIIS). No student record shall be accessed by a School Representative in the SDIIS without parent, guardian or legal representative agreement.

Student Last Name _____ First Name _____

I give permission to _____
(School)

access the above child's immunization record in the South Dakota Immunization Information System.

Date _____ Signature _____
(Parent, Guardian or Legal Representative)

In lieu of written consent, verbal consent was obtained from _____

Date _____ Signature _____
(School Official)