MAPLETON SCHOOL DISTRICT 32
STUDENT ENROLLMENT FORM

STUDENT INFORMATION

Full Legal Name: _____ _____ _____
First Middle Last

Preferred First Name: _____ **Gender:** _____ **Birthdate:** _____
MM / DD / YY

Home Phone: _____ **Grade:** _____

Home Address: _____ _____ _____ _____
Physical Address – Not PO Box City State Zip

Mailing Address: _____ _____ _____ _____
If different from Home Address City State Zip

Place of Birth: _____ _____ _____
City State County

Last School Attended: _____ _____ _____
If other than Mapleton School District City State

PARENT INFORMATION

Parent/Responsible Adult: ☐ Mother ☐ Father ☐ Grandparent ☐ Step ☐ Foster ☐ Other _____

Legal Name: _____ _____ _____
First Last Suffix

Living with Student: ☐ Yes ☐ No **Same as Student Home Address (Listed Above):** ☐ Yes ☐ No
If no, please provide full address information below

Home Address: _____ _____ _____ _____
Physical Address – Not PO Box City State Zip

Mailing Address: _____ _____ _____ _____
If different from Home Address City State Zip

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Notification Phone: ☐ Home ☐ Cell ☐ Work ☐ Other_____
Number receiving automated calls and emergency notifications

Parent/Responsible Adult: ☐ Mother ☐ Father ☐ Grandparent ☐ Step ☐ Foster ☐ Other _____

Legal Name: _____ _____ _____
First Last Suffix

Living with Student: ☐ Yes ☐ No **Same as Student Home Address (Listed Above):** ☐Yes ☐No
If no, please provide full address information below

Home Address: _____ _____ _____ _____
Physical Address – Not PO Box City State Zip

Mailing Address: _____ _____ _____ _____
If different from Home Address City State Zip

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Notification Phone: ☐ Home ☐ Cell ☐ Work ☐ Other_____
Number receiving automated calls and emergency notifications

EMERGENCY CONTACTS

Emergency Contact: ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other_____

Legal Name: _____ _____ _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

Emergency Contact: ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other_____

Legal Name: _____ _____ _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

FAMILY MEMBERS

Please list other children living in the home with your student:

1. _____ **2.** _____

3. _____ **4**. _____

5. _____ **6.** _____

RACE & ETHNICITY

Federal regulations require all U.S. schools to gather statistical data on students' race and ethnicity. If more than one race is chosen, your student will be reported as multi-racial.

Race – select at least one: ☐ Asian ☐ American Indian or Alaska Native
☐ Black ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ Non-US Native American

Ethnicity – Hispanic/Latino: ☐ Yes ☐ No

HOME LANGUAGE

Which language did this student learn first? ☐ English ☐ Other _____

Which language does this student use most often at home? ☐ English ☐ Other _____

Which language do parents use most often at home? ☐ English ☐ Other _____

MILITARY RECRUITMENT

FOR HIGH SCHOOL STUDENTS ONLY. As required by federal law, Mapleton School District will provide the names, addresses and telephone listings of high school students to military recruiters, unless requested by the parent or student not to do so.

Do you want your child's address and phone number made available to military recruiters? ☐ Yes ☐ No ☐ NA

***Parent/Guardian Signature:** _____ **Date:** _____
MM / DD / YY

MEDICAL INFORMATION

Insurance Coverage: _____ **Policy No.** _____

Student's Doctor: _____ _____
Name Phone

Hospital of Choice: _____

Please mark if your student has any of the following conditions:

ADD/ADHD	☐ _____	
Hearing Loss	☐ _____	
Speech Disorder	☐ _____	
Vision Problem	☐ _____	
Allergies	☐ _____	☐ Check if Life Threatening
Food Allergies	☐ _____	☐ Check if Life Threatening
Asthma	☐ _____	☐ Check if Life Threatening
Diabetes	☐ _____	☐ Check if Life Threatening
Physical Impairment	☐ _____	☐ Check if Life Threatening
Heart Problems	☐ _____	☐ Check if Life Threatening
Seizure Disorder	☐ _____	☐ Check if Life Threatening
Other	☐ _____	☐ Check if Life Threatening

Is your student taking medication? ☐ No ☐ Yes _____

Will your student be taking medication at school? ☐ No ☐ Yes _____

If yes, please fill out an authorization for medical administration. Medications – including pain reliever – should not be in student's possession at school. School board policy states that medication may only be dispensed from the office from original containers, with written authorization from the parent.

Consent for Treatment: In the event of an accident or illness requiring medical attention, I understand that the school will attempt to notify me and will call for emergency medical services in the case of an injury or illness that is too serious to be treated with standard first aid. I also realize that the school district cannot be responsible for any expenses incurred in the treatment of students. I consent to treatment, operations, or anesthetics, which may be ordered by my student's care provider or emergency medical personnel.

***Parent/Guardian Signature:** _____ **Date:** _____
MM / DD / YY

PERMISSIONS

Field Trips: My student has permission to go on scheduled field trips included in the program of the school, within the school day. Transportation may be provided at the discretion of the school district in such form as approved by school administration. I may decline permission at any time or for any specific field trip.

☐ Yes (I agree to the terms listed above) ☐ No (I do not agree to the terms listed above)

Media: I authorize Mapleton School District to record and release media content of my student:

In the local newspaper.	☐ Yes	☐ No
On the school website.	☐ Yes	☐ No
In the school yearbook.	☐ Yes	☐ No
For their class picture.	☐ Yes	☐ No
For other materials.	☐ Yes	☐ No

Records: I authorize Mapleton School District to release duplicate copies of the following records to:

Applies only if there are other parents or additional people that will receive records and reports (i.e. non-custodial or co-custodial).

☐ Progress Reports

☐ Report Cards

Legal Name: _____ _____ _____
First Last Suffix

Mailing Address: _____ _____ _____ _____
If different from Home Address City State Zip

EMERGENCY SCHOOL DISMISSAL INSTRUCTIONS

On rare occasions it may be necessary to dismiss students from school early because of an emergency. If that should happen, we recognize that your normal plans for afterschool care may change. Please indicate below what your student should do in this situation. Please talk with your student about the plan to be certain he/she understands what you want them to do. School phone lines are limited. During an emergency it may not be feasible to reach us or we may not be able to communicate emergency plans or changes to you.

Choose one option only:

A. ☐ My student is to follow their regular dismissal plan (even if you are not home)

B. ☐ My student is to go to the residence of another student.

Student's Name: _____ _____ Student's Grade: _____
First Last

Address: _____ Phone: _____

C. ☐ My student is to go to the residence of another responsible adult.

Adult's Name: _____ _____ Relationship: _____
First Last

Address: _____ Phone: _____

***Parent/Guardian Signature:** _____ **Date:** _____
MM / DD / YY