

CHAMBERLAIN SCHOOL DISTRICT ENROLLMENT FORM

Chamberlain Elementary

Student #: _____ Bus #: _____ Grade _____

STUDENT INFORMATION-PLEASE PRINT

Student First Name: _____ Middle Name: _____ Last Name: _____

Suffix: Jr/ Sr/ Other _____ Sex: M or F Date of Birth: ____/____/____ State of Birth: _____ Grade: _____

Home Phone: _____ Parent Cell Phone: _____ Parent Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: (if different from above) _____ City: _____ Zip: _____

Has the family moved in the past 3 years for agricultural purposes? Yes No

ETHNICITY/RACE:

Is this student Hispanic/Latino? Yes No

What is the student's race? American Indian or Alaskan Native Asian American Black or African American

Native Hawaiian or Other Pacific Islander White (Caucasian)

Language Survey (To meet State/Federal requirements, all questions must be answered):

1. What is the language most frequently spoken at home? _____
2. Which language did your child learn when he/she first began to talk? _____
3. What language does your child most frequently speak at home? _____
4. What language do you most frequently speak to your child? _____

SPECIAL SERVICES INFORMATION:

Does this student receive special education services? Yes No

Does this student have a current 504 Plan? Yes No *If yes, please indicate if related to* Academics Health

STUDENT PRIMARILY LIVES WITH:

- Both Parents Mother/Stepfather Father/Stepmother Mother Only Father Only
- Foster Parents Relative (Relationship to Student): _____ Other: _____

PRIMARY PARENT/GUARDIAN INFORMATION (PARENTS/GUARDIANS THAT THE STUDENT LIVES WITH):

Legal Guardian: Yes No

Primary Parent/Guardian Name: _____ Relationship to Student: _____

IF EMPLOYED--Employer:(REQUIRED) _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email Address: _____

Primary Parent/Guardian Name: _____ Relationship to Student: _____

IF EMPLOYED---Employer:(REQUIRED) _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email Address: _____

Home Address (Street): _____ Apt/Building: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than home address): _____ City: _____ Zip: _____

Please list any brothers/sisters living in the PRIMARY home *that attend* Chamberlain Public Schools.

Student Name: _____ GRADE _____
Student Name: _____ GRADE _____
Student Name: _____ GRADE _____

If a parent is not allowed to pick up the child COURT DOCUMENTATION must be provided to the office prior to the first day of attendance. If documentation is not provided, we cannot deny parents the right to pick up their own child.

SECONDARY PARENT/GUARDIAN INFORMATION

Legal Guardian: Yes No Duplicate Mailings: Yes No

Secondary Parent/Guardian Name: _____ Relationship to Student: _____

Home Address (Street): _____ Apt/Building: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than home address): _____ City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Employer: _____ Email Address: _____

Secondary Parent/Guardian Name: _____ Relationship to Student: _____

Home Address (Street): _____ Apt/Building: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than home address): _____ City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Employer: _____ Email Address: _____

EMERGENCY CONTACTS Not to be the same people or #'s as the Primary Parent/Guardian

Contact #1 Name: _____ Relationship to Student: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Contact #2 Name: _____ Relationship to Student: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

IN ADDITION TO EMERGENCY CONTACTS, please list individuals who have permission to leave messages or pick up your student.

1.) _____ 2.) _____ 3.) _____ 4.) _____

I verify that I have read, or will read, and familiarize myself with the Parent/Student Handbook. Available at <http://chamberlain.k12.sd.us>

By signing this document, I verify the above information (including health information) on this form is correct to the best of my knowledge including the address above being our place of residence

I understand that it is my responsibility to notify the school of any change in my address, phone number and/or my child's health information.

I authorize Chamberlain Public Schools to seek emergency medical treatment for my student if I cannot be reached in an emergency.

If you do not want your students picture or work displayed on any Chamberlain School District 7-1 Web Page (www.cubs.org) or social media please notify the building Principal. If a picture or student work is displayed it will not be identified and will be done so in compliance with Chamberlain School District 7-1 Web Publishing School Board Policy IIBG

My child has my permission to accompany class/activity groups on education and activity trips _____ YES _____ NO

Parent Signature: _____ Date: _____