

Park County School District #1

Driven By Excellence

NEW STUDENT ENROLLMENT FORM

Enrollment form fields including checkboxes for Clark, PS, SS, WS, PMS, PHS, SLC, Enrollment Date, School/Wiser ID, Birth certificate, and Immunizations.

Office use only

STUDENT DETAILS - Pursuant to W.S. § 21-2-203, the school district is required to collect data for the Wyoming State Student Registration System

Student's Legal Name (as written on birth certificate):

Last: _____ First: _____ Middle: _____

Nickname: _____ Date of Birth: _____ Grade: _____

Gender: M F Birthplace: _____

Sibling name: _____ Sibling DOB: _____ Gender: M F

Sibling name: _____ Sibling DOB: _____ Gender: M F

Sibling name: _____ Sibling DOB: _____ Gender: M F

Sibling name: _____ Sibling DOB: _____ Gender: M F

Sibling name: _____ Sibling DOB: _____ Gender: M F

Does this student have any siblings enrolled in Park County School District #1? Yes No

If yes, what school: _____

Student lives with:

Father & Mother Father Mother Father/Stepmother Mother/Stepfather

Court-appointed Guardian (attach court order) Foster Parent(s) (attach placement form)

Other Relative- please specify relationship _____

Other-please specify _____

Who has legal custody rights, if student does not live with both natural parents?

(Attach a copy of the court order or decree awarding custody)

Mother Father Both

If parents do not have the same address, to whom shall we send information?

Mother Father Both

STUDENT DETAILS - Pursuant to ESSA Legislation – CFR Title 34, Subtitle B, Chapter II, Part 200, Subpart A, Statute 200.1 and is required data for the Wyoming State Student Registration System

Please answer the following:

1. Is the student in Foster Care? Yes No
2. Is one, or both, of the student’s parents or guardians on Active Duty, in the National Guard, or in the Reserve components of the United States military services?
- Not Military connected
 Active Duty
 National Guard or Reserve

McKinney-Vento Act - The McKinney-Vento Act provides additional services to students living in transitional/temporary housing.

Please answer the following:

Where are students presently living? (**Check one box**)

- Crisis Shelter Disaster Shelter Family Residence (doubled-up due to economic hardship)
 Foster Home Rooming House Transient Shelter No Home
 Other Dormitory (Hotel/Motel) Other Shelter _____
 None of the above (reside in permanent housing)

Received by: _____ **Date:** _____ **Verified by:** _____ **Date:** _____

PRIOR SCHOOL INFORMATION - See Federal Law 99.31 – No parent signature required for educational records sent to another educational agency

- Has the student attended any school in the USA for any 3 years during their lifetime? Yes No
- Has the student ever attended Park County School District #1 school(s)? Yes No
- If yes, which school: _____ Year(s) attended: _____
- Name of school last attended: _____
- Location of school last attended: _____
- Dates of attendance (ex: Dec ‘09 to May ‘10): _____
- Name of other schools and location attended: _____
- Has the student been expelled or suspended at their previous school? Yes No
- Has the student ever been retained, and if so, what grade: _____ Yes No

#1 PRIMARY HOUSEHOLD DETAILS

Primary household Family Name: _____ Phone: _____

Physical address: _____

Mailing address: _____

Does more than one family live at this address? Yes No

If yes, name of other family: _____

Father/ Guardian _____ Do you have custody? Yes No

Work Place _____ Work Phone _____

Cell Phone _____ May we send text messages? Yes No

E-Mail address: _____ May we contact you by e-mail? Yes No

Mother/ Guardian _____ Do you have custody? Yes No

Work Place _____ Work Phone _____

Cell Phone _____ May we send text messages? Yes No

E-Mail address: _____ May we contact you by e-mail? Yes No

Step-Father/ Guardian _____ Do you have custody? Yes No

Work Place _____ Work Phone _____

Cell Phone _____ May we send text messages? Yes No

E-Mail address: _____ May we contact you by e-mail? Yes No

Step-Mother/ Guardian _____ Do you have custody? Yes No

Work Place _____ Work Phone _____

Cell Phone _____ May we send text messages? Yes No

E-Mail address: _____ May we contact you by e-mail? Yes No

Comments: _____

#2 SECONDARY HOUSEHOLD DETAILS

Secondary household Family Name: _____ Phone: _____

Physical address: _____

Mailing address: _____

Does more than one family live at this address? Yes No

If yes, name of other family: _____

Father/ Guardian _____ Do you have custody? Yes No

Work Place _____ Work Phone _____

Cell Phone _____ May we send text messages? Yes No

E-Mail address: _____ May we contact you by e-mail? Yes No

Mother/ Guardian _____ Do you have custody? Yes No

Work Place _____ Work Phone _____

Cell Phone _____ May we send text messages? Yes No

E-Mail address: _____ May we contact you by e-mail? Yes No

Step-Father/ Guardian _____ Do you have custody? Yes No

Work Place _____ Work Phone _____

Cell Phone _____ May we send text messages? Yes No

E-Mail address: _____ May we contact you by e-mail? Yes No

Step-Mother/ Guardian _____ Do you have custody? Yes No

Work Place _____ Work Phone _____

Cell Phone _____ May we send text messages? Yes No

E-Mail address: _____ May we contact you by e-mail? Yes No

Comments: _____

NON-HOUSEHOLD EMERGENCY CONTACT INFORMATION:

In the event of illness or emergency, every effort will be made to contact students' parents/guardians. If we are unable to reach the parents/guardians, please provide contact details of at least two other contacts that reside in the POWELL COMMUNITY and would have permission to pick up your child. Please ensure that you have discussed with the people listed on this page their willingness to be emergency contacts.

Contact #1 Name: _____

Relationship to student (e.g. uncle, aunt, family friend, etc.): _____

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

Contact #2 Name: _____

Relationship to student (e.g. uncle, aunt, family friend, etc.): _____

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

Contact #3 Name: _____

Relationship to student (e.g. uncle, aunt, family friend, etc.): _____

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

OCCUPATIONAL SURVEY - Pursuant to W.S. § 21-2-203, the school district is required to collect data for the Wyoming State Student Registration System

- 1. Did your family move to **Park County** within the last 36 months? Yes No
If yes, date: _____
- 2. If you answered yes to question #1, was the purpose of the move to obtain agricultural/ranching or fishing related employment? Yes No
- 3. If you answered yes to question #1, is the work temporary or seasonal? Yes No
- 4. If you answered yes to question #1, is the work a primary means of livelihood for yourself and your family? Yes No

Received by: _____ **Date:** _____ **Verified by:** _____ **Date:** _____

CITIZENSHIP SURVEY - Pursuant to W.S. § 21-2-203, the school district is required to collect data for the Wyoming State Student Registration System

If student was NOT born in the United States, then complete the following:

- 1. Date entered United States: _____
- 2. Date entered United States school: _____
- 3. When your child entered the United States what language did they speak? _____

Part A. **Is this student Hispanic/Latino?** (choose **only one**)

- No, not **Hispanic/Latino**
- Yes, **Hispanic/Latino** A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

The above part of the question is about ethnicity, not race. **No matter what you selected in Part A above, please provide an answer to Part B** by marking one or more boxes below to indicate what you consider your child's race to be.

Part B. **Which of the following groups describe the student's race?** (check **all that apply**)

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central 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.

Part C. Which of the following groups describe the student's race ethnicity? (choose **only one**)

- Hispanic**
- American Indian or Alaskan Native**
- Asian**
- Black or African American**
- Native Hawaiian or Other Pacific Islander**
- White (Not Hispanic)**
- Two or more races**

HOME LANGUAGE SURVEY - *The authority to define students who are identified as Active ELLs is given to the Wyoming Department of Education under Wyoming Statute W.S. § 21-13-309(m)(v)(A).*

What is the language most frequently spoken at home? _____

If available, in what language would you prefer to receive communication from the school? _____

Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to the above question, please answer the following questions:

Was your child born in the United States? Yes No

If yes, in which state? _____ If no, in what other country? _____

In what country did your child most recently reside? _____

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

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

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

Mother: _____

Please describe the language understood by your child. (Check only one)

- Understands only the home language and no English.
- Understands mostly the home language and some English.
- Understands the home language and English equally.
- Understands mostly English and some of the home language.
- Understands only English.

STUDENTS WITH SPECIAL NEEDS - *34 C.F.R. Part 99 FERPA; 34 C.F.R. §300.323(b); Transmittal of records*

Has your child participated in **Special Education** anytime during their school years? Yes No

Does your child have an IEP (Individualized Education Program) now? Yes No

Please check all areas in which your child has received special education services:

- Reading Writing Math Behavior Social Skills Study Skills
- Speech/Language Therapy Occupational/Physical Therapy

Other services:

- 504 Plan ESL/ELL (Bilingual/English as a second language instruction)
- Title I Services Home School Private School Other _____

DECLARATION OF ACCURACY

Any additional comments or concerns the school should be made aware of?

I declare that the information provided in this application to enroll is, to the best of my knowledge and belief, accurate and complete.

Signature of Parent/Guardian

Date