

ENROLLMENT FORM

Royal Valley High School

Student's FULL Legal Name: _____ Grade: _____

Student's Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address **SAME** as Home Address

Mailing Address: _____

City: _____ State: _____ Zip: _____

Father: _____

Employer: _____

Mother: _____

Employer: _____

Step Parent: _____

Employer: _____

With whom does the child resides: _____

*****A legal document stating guardianship may need to be provided to the school*****

Is there a second parent/legal guardian who would like to receive school mailings? If YES, please list:

Name: _____

Mailing Address: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)

Part A: **Is this student Hispanic/Latino?** (Choose only one)

____ No, not Hispanic/Latino

____ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, 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 above, **please continue to answer the following** by marking what you consider your student's race to be.

Part B: **What is the student's race?**

____ **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.)

INSURANCE INFORMATION

Royal Valley Public Schools does not provide insurance for students, but does provide an accident insurance policy that is secondary to the student's family insurance. The claim form must be submitted within 30 days to the insurance company from the date of the accident. There are limits on the types of services and the amount of coverage provided. Copies of the complete policy are available in the school offices.

Insurance Company covering my child: _____ Policy Number: _____

Name of Policyholder: _____ Policyholder's ID#: _____

Permission for Administration of Medication Permit

I, the parent or guardian, am requesting that Royal Valley USD #337 personnel cooperate in the administration of prescribed/non-prescribed medication that I might send with my child when needed and am releasing the school district and personnel from all liability. All medications **must be in the original container**, properly labeled, with a signed note with instructions for giving the medication.

Parent/Guardian Signature _____

(Please continue to the other side of this enrollment form.)

(Page 2) ENROLLMENT FORM for

STUDENT'S HEALTH HISTORY

Doctor's Name: _____ Location: _____ Phone: _____

Dentist's Name: _____ Location: _____ Phone: _____

List your child's allergies. List medications taken for allergies, if any. _____

List any diseases, operations, injuries and the year: _____

Does your child have visual _____ Corrective Lenses? _____ Ear Infections? _____ Vent Tubes? ___ Hearing Aides? _____ or hearing problems? _____

Does your child require medication at school? _____ Home? _____ Please list medications taken: _____

Does your child require any Special Education Services? If yes, please explain: _____

List any Medical Alerts/Comments: _____

EMERGENCY INFORMATION

In an EMERGENCY situation when we cannot reach you at home or at work, please list three people other than parents, who have agreed to take responsibility for your child and consented to the release of their phone numbers so we may reach them as an alternative. Currently on record we show the following: (Please indicate any necessary changes):

Emergent Contact: _____ Phone: _____ Relationship: _____

Emergent Contact: _____ Phone: _____ Relationship: _____

Emergent Contact: _____ Phone: _____ Relationship: _____

If deemed necessary your child will be sent to your family doctor or emergency room at parental/guardian's expense. As a parent/guardian, I give permission to school representatives to act in my absence to authorize members of the medical profession to provide medical treatment. I shall assume all medical payments and recognize that the medical insurance plan provided by Royal Valley USD #337 is considered to be supplemental in coverage.

I give consent to release this information to Royal Valley School District No. 337 personnel to promote the health and safety of my child, thus enhancing his/her ability to learn.

I hereby authorize Royal Valley USD #337 to release immunization information in its possession relating to my child to the Kansas Immunization Registry. Immunization information disclosed to the Kansas Immunization Registry will be used for purposes of assessment and reporting to prevent disease.

Parent/guardian signature: _____ Dated: _____

The above signatures acknowledge that I have read and consent to the above.

EARLY DISMISSAL INFORMATION

At certain times it may become necessary to close schools because of bad weather or other emergencies. If this becomes necessary, it is NOT possible for us to notify each and every parent by phone during these critical times, please give instructions as to where your child should be sent:

Ride bus home _____

Is there someone who should NOT pick up your child at school? If yes, notify the school office. _____

DAY CARE INFORMATION

If your child attends day care, please complete the information below.

Provider: _____ Phone: _____

Address: _____ Bus #: _____

My child needs to be picked up at day care:

My child needs to be delivered to day care: