

GRAHAM-DUSTIN PUBLIC SCHOOLS ENROLLMENT FORM

YOUR ENROLLMENT IS NOT COMPLETE UNTIL ALL FORMS ARE RETURNED TO THE SCHOOL

DATE _____ STUDENT'S LEGAL NAME _____
LAST FIRST MIDDLE

STUDENT'S **PHYSICAL** ADDRESS _____

AGE _____ BIRTHDATE _____ PLACE OF BIRTH _____

SEX _____ GRADE _____ SOCIAL SECURITY NUMBER ____/____/____

SCHOOL LAST ATTENDED _____

RESIDENT OR TRANSFER _____ HOME DISTRICT _____

MALE GUARDIAN NAME _____ **RELATIONSHIP** _____

CONTACT SEQUENCE: 1ST ____ 2ND ____
(CHECK ALL THAT APPLY) PARENT ____ LEGAL GUARDIAN ____ HAS CUSTODY ____ LIVES WITH ____
HAS ACCESS TO RECORDS ____ PICKUP RIGHTS ____ EMERGENCY CONTACT ____

MAILING ADDRESS _____

HOME PHONE (____) ____ - ____ CELL PHONE (____) ____ - ____

EMPLOYER NAME _____ PHONE (____) ____ - ____

FEMALE GUARDIAN NAME _____ **RELATIONSHIP** _____

CONTACT SEQUENCE: 1ST ____ 2ND ____
(CHECK ALL THAT APPLY) PARENT ____ LEGAL GUARDIAN ____ HAS CUSTODY ____ LIVES WITH ____
HAS ACCESS TO RECORDS ____ PICKUP RIGHTS ____ EMERGENCY CONTACT ____

MAILING ADDRESS _____

HOME PHONE (____) ____ - ____ CELL PHONE (____) ____ - ____

EMPLOYER NAME _____ PHONE (____) ____ - ____

DOES STUDENT HAVE A CDIB CARD: YES ____ NO ____ IF YES, PLEASE ATTACH A COPY TO THIS FORM

DOES STUDENT LIVE ON INDIAN LAND: YES ____ NO ____ IF YES, PLEASE PROVIDE THE LAND DESCRIPTION & ALLOTTEES

DO YOU RIDE A BUS TO SCHOOL: YES ____ NO ____

(CHECK ONE) **BUS #/DRIVER:** BRENDA (#36) ____ CLAUDIA (#31) ____ JAMES (#35) ____ ROSE (#33) ____

PICKUP AUTHORIZATION: Please list on the line below those person(s) allowed to pick up your child.

CLASS SCHEDULE

1ST HOUR _____ 5TH HOUR _____

2ND HOUR _____ 6TH HOUR _____

3RD HOUR _____ 7TH HOUR _____

4TH HOUR _____

SPONSOR'S NAME _____ LOCKER # _____

***NEW STUDENTS MUST HAVE IMMUNIZATION RECORDS BEFORE ENROLLMENT CAN BE COMPLETED.**

I CERTIFY THAT ALL THE ABOVE STATEMENTS ARE CORRECT AND THAT I HAVE RECEIVED A COPY OF THE STUDENT HANDBOOK AND AGREE TO ABIDE BY THE POLICIES STATED WITHIN.

STUDENT'S SIGNATURE _____ **PARENT'S SIGNATURE** _____

FOR OFFICE USE ONLY

ADM. APP _____ CP _____ MED _____ STUDENT ID _____

IMMUNIZATIONS _____

CONTINUED ON OTHER SIDE

PUBLICATIONS

We would like to use your child's picture and name on the school's website and also in any other publication deemed appropriate by the school administration (ie., newspapers). Please initial the appropriate selection for your child, sign the form at the bottom of the page, and return it to the office for enrollment. A copy of this form will be kept in the office for reference.

Initials _____ I **will** allow my child's picture and name to be used on the school's website and other publications.

Initials _____ I **will not** allow my child's picture and name to be used on the school's website and other publications.

CORPORAL PUNISHMENT

In keeping with the school policy folder issued to your child, this form will allow you to make a decision regarding the use of corporal punishment. While the administration contends that this method should be used as a last resort, we also realize that in certain instances, it may be necessary in order to not disrupt the education of your child. In some offenses, a 3-day suspension will be necessary (if corporal punishment permission is not given) to maintain a level of discipline. Please initial your selection below, make sure to sign below, and turn in to the office. A copy will be kept on file in the principal's office. This form must be updated yearly. If the form is not returned and on file, disciplinary action may be delayed pending parent conference.

Initials _____ I **will** allow corporal punishment for my child.

Initials _____ I **will not** allow corporal punishment for my child.

MEDICAL

Graham-Dustin Public Schools **will not** dispense Tylenol, Ibuprofen, or cough drops. If you know in advance that your child will need any of these items listed, please send some with him/her labeled with the name and dosage. **Any and all medications must be turned in at the office upon your child's arrival at school and will be kept in the cabinet.**

In addition to over-the-counter medications, we also need to know about any prescription medication(s) that your child may be taking, the dosage, and time frame to be taken. Please fill in all required blanks below and sign and date the bottom of this form, which will give us permission to administer your child's medication(s). A copy of this form will be kept in the office. **Please let us know if there are any changes in medications.**

Medication _____	Dosage _____	Time Taken _____
Medication _____	Dosage _____	Time Taken _____
Medication _____	Dosage _____	Time Taken _____

Please list any allergies that your child has to any food, drugs, or insects: _____

Doctor's Name _____ Phone # (____) _____ - _____

RACE/ETHNICITY

PART A: Are you of Hispanic/Latino Culture origin? YES _____ NO _____ *(Please Initial One Selection)*

PART B: What is your child's race? *(Please Initial all selections that apply to your child)*

AMERICAN INDIAN _____ ALASKAN NATIVE _____ ASIAN _____

BLACK/AFRICAN AMERICAN _____ NATIVE HAWAIIAN OR PACIFIC ISLANDER _____ WHITE _____

