

JEFFERSON WEST USD 340
2018-2019 Student Enrollment Information

JWES JWMS JWHS

Student Legal Name: _____ Preferred Name: _____
Last First Middle

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

Birthdate: ____/____/____ Birthplace: _____
Gender: Male Female Grade: _____

If you live in a district other than USD340, which district? Please list.

Home Phone: (____)____-____ Unlisted* Yes No
*Unless unlisted is checked, student name, address, grade and home phone will be given upon request to Booster Club and other marketing sources for the Student Directory publication.

NEW STUDENTS ONLY: Are you suspended or expelled from the last school you attended? Yes No

HS only: Opt out of sharing student's contact information with military recruiters.

Student Cell: (____)____-_____

Home Language, please check: English Spanish Other (specify): _____

This is a 2 Part Question, please answer both questions. (Note that federal regulations do not permit districts to leave this space blank. If we do not receive a response from you, an employee of the district will be required to provide this information based upon observation.)

Part A: Ethnic Identity – Check one: Hispanic or Latino Not Hispanic or Latino

Part B: Racial Identity – Check one or more:

Asian White Black or African American American Indian or Alaska Native Native Hawaiian or other Pacific Islander

I grant the district permission to have my student's immunization records entered into KSWebIZ Yes No

Student Lives With (**Check all that Apply**): Parents Single Mother Single Father Mother/Stepfather Father/Stepmother
 Grandparents Grandmother Grandfather Other-Whom? _____

Residential Parent/Guardian 1: _____

Relationship: _____

Cell #: (____)____-_____

Email Address: _____@_____

Employer: _____

Work #: (____)____-_____ Ext: _____

Residential Parent/Guardian 2: _____

Relationship: _____

Cell #: (____)____-_____

Email Address: _____@_____

Employer: _____

Work #: (____)____-_____ Ext: _____

Non-Residential Parent/Guardian Information: Enter only if a parent does not live in the household.

Name: _____ Relationship: _____

Send report cards and mailings: Yes No Parent is an emergency contact: Yes No

Mailing Address: _____ City _____ State _____ Zip _____ E-Mail: _____@_____

Employer: _____ Work #: (____)____-_____ Ext: _____

Home Phone#: _____ Cell Phone #: _____

Special legal restrictions regarding who may or may not visit/pickup student (must have court documentation):

K-6 STUDENTS ONLY: Babysitter/Day Care: _____ Phone: (____)____-_____

Address: _____ City _____

After school destination: Rides bus home Rides bus to Day Care Walks Home Walks to Day Care Student is usually picked up

Others who may pick up student: _____

HIGH SCHOOL ONLY: If your student drives to school, please list the following: Vehicle Make: _____ Tag #: _____
Vehicle Year: _____ Vehicle Color: _____

(Complete Information on Other Side)

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HIGH SCHOOL ONLY: Was the student in Foster Care any time since the student has turned 14? (check box for yes)

In case of illness or injury and a parent/guardian cannot be contacted, one of the following persons is to be contacted:

| | | |
|-------------|-----------------------|------------|
| Name: _____ | Phone #: (____) _____ | Ext: _____ |
| Name: _____ | Phone #: (____) _____ | Ext: _____ |
| Name: _____ | Phone #: (____) _____ | Ext: _____ |

IF THE ABOVE CANNOT BE CONTACTED, PERMISSION IS GRANTED FOR SCHOOL OFFICIALS TO DO THE FOLLOWING:
 (PLEASE INITIAL)

___ Contact Dr. _____ Phone #: (____) _____ - _____

___ Call an ambulance if necessary: **District not responsible for charges.**

___ Take/send to hospital. Hospital: _____

Medical Data: This information will be held in confidence and disclosed to school personnel to the extent necessary to protect the health of the student. For your child's safety, responses should be accurate and complete. If your child has/had any of the following diseases or medical conditions, please mark:

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures | <input type="checkbox"/> Anemia | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Infect. Hepatitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> Freq. Ear Infec. |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Urinary Prob. | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> High Blood Press. |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart | <input type="checkbox"/> Vision | |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Spine Prob. | <input type="checkbox"/> Hearing | |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Headaches | <input type="checkbox"/> Speech | |

Recent Exams (dates) Physical _____ Vision _____ Dental _____

Allergies we should be aware of e.g. bee stings, hay fever, and medications: _____

Emergency Procedure needed: _____

Degenerative disease (arthritis, MS, MD, etc.): _____

Does student have any health concerns that require special attention at school? No Yes

Please explain _____

Is student on any medication? No Yes, explain _____

LIST ALL FAMILY MEMBERS/PERSONS ACTUALLY RESIDING IN THE HOUSEHOLD:

| | <u>Name:</u> | <u>Date of Birth</u> | <u>Grade in School</u> | <u>Family Relationship</u> |
|----|--------------|----------------------|------------------------|----------------------------|
| 1. | _____ | ____/____/____ | _____ | _____ |
| 2. | _____ | ____/____/____ | _____ | _____ |
| 3. | _____ | ____/____/____ | _____ | _____ |
| 4. | _____ | ____/____/____ | _____ | _____ |
| 5. | _____ | ____/____/____ | _____ | _____ |
| 6. | _____ | ____/____/____ | _____ | _____ |

What Title I and/or Special Education/IEP service has your student received?

Title I Reading Title I Math LD BD EMH Speech Gifted Hearing Other _____

Family Military Connected? (check box that applies: Student is not military connected

Student is dependent of a member of the Active Duty Forces (full-time)

Student is dependent of a member of the National Guard or Reserve Forces

This question is intended to address the McKinney-Vento Act to provide services for children/youth without housing. Your answers will help determine the services the student may be eligible to receive.

Presently, where is the *student* living? (Check one, if applicable)

| | |
|---|---|
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Temporarily with more than one family (due to loss of job, loss of housing, etc) |
| <input type="checkbox"/> Temporarily in a motel, car or campsite | <input type="checkbox"/> In temporary foster care setting awaiting permanent placement |
| <input type="checkbox"/> Moving from place to place (daily or weekly) | <input type="checkbox"/> Alone without parental support (student living independently) |

If any of these describe your student, please speak with Mr. Pat Happer at USD 340 Board of Education Office, 3675 74th Street, Meriden Kansas, or phone (785) 484-3444.

 Signature of Parent/Guardian

 Date

(Complete Information on Other Side)