

Leavenworth USD 453 Enrollment Form 2009-2010

- New Student
 Returning Student

School Name _____
Grade _____

Student Information

Student's FULL Legal Name _____

Home Address _____ Home Phone_() _____

City _____ State _____ Zip _____ Cell Phone_() _____

Gender _____ Birthdate _____ Birthplace _____

Parent/Guardian Information

Mother/Guardian _____

Address _____ Home Phone_() _____

Employer _____ Cell Phone_() _____

Email Address _____

Father/Guardian _____

Address _____ Home Phone_() _____

Employer _____ Cell Phone_() _____

Email Address _____

Please indicate with whom the student lives: Parents _____ Single Mother _____ Single Father _____
Mother & Stepfather _____ Father & Stepmother _____ Foster Parents _____ Other _____

Language Spoken in the Home _____

Race and Ethnicity - *Both Part A and Part B questions 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 one or more boxes to indicate what you consider your student's race to be.

- Part B:**
- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South American (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 Philip pine 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.)

Emergency Information

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot, please provide the name of a relative or close friend that we may contact. In case of a serious accident at school, your child will be sent to an emergency facility. The parent(s)/guardian(s) is responsible for all expenses.

Emergency Contact _____ Relationship _____ Phone_() _____

Emergency Contact _____ Relationship _____ Phone_() _____

Emergency Contact _____ Relationship _____ Phone_() _____

Doctor's Name _____ Phone_() _____ Allergies _____

List Any Medical Comments/Considerations _____

List Any Medical Alerts _____

Did the student finish the 2008-2009 school year in the school in which you are enrolling? _____yes _____no

If no, did the student finish the 2008-2009 school year in a Leavenworth USD 453 school? _____yes _____no

If no, did the student finish the 2008-2009 school year in a Kansas school? _____yes _____no

Is the Father/Guardian active U.S. military? _____yes _____no _____Branch _____Rank

Is the Mother/Guardian active U.S. military? _____yes _____no _____Branch _____Rank

Is either parent International active military? _____yes _____no _____Staff ID #

If yes, please provide your home country information:

City

State

Country

Does the student have an IEP from his/her most recent school? _____yes _____no

Does the student have a 504 Plan, or any other accommodation plan, from his/her most recent school? _____yes _____no

List siblings in other Leavenworth Schools:

Name School Grade

Name School Grade

Name School Grade

Name School Grade

I attest that the information contained herein is correct to the best of my knowledge.

Legal Parent/Guardian Signature

Date