



2015 – 2016 Kindergarten Registration Ballard School District

New Student Enrollment Form

Office Use Only Date: _____
 OE Papers on file _____

NEW STUDENTS: Please complete this student enrollment form and return with all other registration forms.

PLEASE PRINT										Ballard Community Schools (PK – 12 Student Information)				Date: _____	
Household Name:					Household Phone:					Ethnicity Codes					
Street Address:					County of Residence:					A Asian I American Indian or Alaskan Native B Black or African American W White H Native Hawaiian or Other Pacific Islander					
PO Box:															
City, State, Zip:															
Students in Household:															
Last	First	Middle (Legal Name)	Gender	Birthdate	Grade	Race/Ethnicity (Y/N)		Code	Cell Phone	Social Security # (optional)	Attending Building				
						Is student Hispanic/Latino?									
						Is student Hispanic/Latino?									
						Is student Hispanic/Latino?									
						Is student Hispanic/Latino?									
Primary Household Members: Parent(s) or guardian(s) that live in the home with the student															
Name		Relationship	Guardian (Y/N)	Cell Phone	Work Phone	Employer	Email								
Secondary Household: Parent/Guardian <u>not</u> living with student															
Name		Relationship	Guardian (Y/N)	Cell Phone	Work Phone	Employer	Email								
Address of Non-Household:		Street Address:						City, State, Zip Code:							
Local Emergency Contacts: Individuals not living with the student who may be called in an emergency if parents cannot be reached (<u>Daytime phone only</u>)															
Student Name		Emergency Contact 1		Phone	Emergency Contact 2		Phone	Emergency Contact 3		Phone					
Health & Emergency Information: In case of serious accident or illness at school, your child will be sent to an emergency medical facility. Parent/Guardian responsible for all expenses.															
Student Name:		Doctor Name		Phone	Dentist Name		Phone	Permission to call ambulance:		Preferred Hospital:					
Medical Conditions: List any medical conditions:															
Legal Information: Attach documentation regarding unique circumstances concerning the non-custodial parent(s) of the above student.															
Please list any legal alert information:															

Please complete both pages 1 & 2 (front & back)

NEW STUDENTS

Previous School Attended (if incoming kindergarten student, include pre-school):	City:	State:	Home primary language if other than English:
If student was <u>NOT</u> born in the United States →	Country of Birth: →	Date student first entered a U. S. School:	
If student WAS born in the United States →	Place of Birth →	City:	State:
Open-enrolled: <input type="checkbox"/> Yes / Home District:	Special Ed. Services: <input type="checkbox"/> Yes	In Talented & Gifted Program at previous school: <input type="checkbox"/>	

Student Permissions: (If "Yes" Indicate with "X")

Name	Field Trip Permission	Permission to use Internet	Permission to publish picture in District publications	Permission to release student directory information

I/We feel we have adequate insurance for my/our child(ren) while practicing or participating in interscholastic sports or other school sponsored activities. Y N

BUS TRANSPORTATION INSTRUCTIONS (For all students)

Choose one:	Bus: <input type="checkbox"/> am <input type="checkbox"/> pm	Walk <input type="checkbox"/>	Parent pick up/drop <input type="checkbox"/>	Drives/rides with sibling <input type="checkbox"/>	Other (please specify):
Daycare <input type="checkbox"/>	Name of provider:		Daycare address:		Daycare phone:
Pick-up location:			Drop-off location:		

Student Driver (Grades 9-12 ONLY) Vehicle STUDENT drives to school:

Name	Make	Model	Color	Park Tag #	License Plate

Past due fees only (please submit payment for the total listed):

Name	Description	Amount

FEE WAIVER (Only complete this section if you receive benefits under the Free or Reduced Meal Program or intend to file an application) Must complete Fee Waiver Form

If your child qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. If you complete the waiver, your child will be considered for a full or partial waiver of school fees. I understand that I will be releasing information that will show that I applied for free or reduced price school meals for my child. I give up my rights to confidentiality for waiver of school fees ONLY.

Please check any of the following boxes to be considered for a waiver: REGISTRATION FEES DRIVER'S EDUCATION (This authorization is in effect for the current school year. I understand that I may revoke this release in writing at any time.)

I certify that I am the parent/guardian of the child(ren) for whom this enrollment is being made. By signing below, I affirm, to the best of my knowledge, that the above information is correct and that I will notify the school each time there is a change in any of this information. I have read and understand the Internet Policy, Bus Rules, Student Handbooks, Dress Code Policy, Good Conduct Code, etc. in the Student/Parent handbooks located on the school website www.ballard.k12.ia.us

Parent/Guardian (printed) _____ Parent/Guardian (signed) _____ Date _____

Student Name (printed) _____ Student Name (signed) _____ Date _____