



Manhattan School District #3

Home of the Tigers, Forever Orange and Black

Student Household Information Sheet

School _____ School Year _____ Grade _____	Date Enrolled _____	Previous School _____ Phone/Fax _____ Address _____
--	---------------------	---

Student's Legal Name: _____

First Middle Last

Grade: _____ Any previous names of student: _____

Date of Birth: _____ Place of Birth: _____ Gender: M F

Physical Address: _____
Address City State Zip

Mailing Address (if different) _____
Address City State Zip

Household Phone # _____ Student Cell Phone # _____

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Last

Sibling's Name: _____ Age: _____ Grade: _____ School: _____

Sibling's Name: _____ Age: _____ Grade: _____ School: _____

Sibling's Name: _____ Age: _____ Grade: _____ School: _____

Student of Military Family? **Yes No** If yes, which branch? _____ Migrant? **Yes No**

Note: At this time, public schools are required by federal and state regulations to report ethnicity.

Is the student Hispanic or Latino? **Yes No**

What is the student's race? (Choose one or more)

_____ Black or African American _____ American Indian/Alaska Native _____ Asian _____ White

_____ Native Hawaiian or Other Pacific Islander

U. S. Citizen? **Yes No**

Has the student ever been enrolled with the district before? **Yes No**

If yes, which school _____

Are there custody/legal concerns? **Y N** If yes, please explain _____

Is there a legal custody court certified document? **Y N** If yes, please provide copy of document. Type of document: _____

Is there a parenting plan in place? **Y N** If yes, please provide copy of court certified document. Are there other court certified legal documents? **Y N**

If yes, please provide copy of court certified document. Type of document: _____

Parent/Guardian Household Information

<u>Father/Guardian</u>	<u>Mother/Guardian</u>
Name: Relation to Student: _____ Contact Priority: # _____	Name: Relation to Student: _____ Contact Priority: # _____
Has custody? Yes No	Has custody? Yes No
Same Address as student? Yes No If no, provide address: (Add City, State, Zip)	Same Address as student? Yes No If no, provide address: (Add City, State, Zip)
Cell Phone number: Email address:	Cell Phone number: Email address:
Employer: Work Phone:	Employer: Work Phone:
<u>Stepmother/Other</u>	<u>Stepfather/Other</u>
Name: Relation to Student: _____ Contact Priority: # _____	Name: Relation to Student: _____ Contact Priority: # _____
Has custody? Yes No	Has custody? Yes No
Same Address as student? Yes No If no, provide address: (Add City, State, Zip)	Same Address as student? Yes No If no, provide address: (Add City, State, Zip)
Cell Phone number: Email address:	Cell Phone number: Email address:
Employer: Work Phone:	Employer: Work Phone:

Local Emergency Information: In the event a parent cannot be reached, school personnel will contact one of the following authorized for Emergency Pick Up.

Name	Day Phone	Cell Phone	Relationship to Student
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I certify that the above information is correct and authorize release of my child to the above named persons in the event of an emergency. **Y N PLEASE INITIAL _____**

In the event my child is injured or becomes seriously ill, I hereby delegate school personnel to take emergency action, as they believe necessary-including transporting my child by ambulance as needed. **Y N**

PLEASE INITIAL _____

Is any individual named on this enrollment form (including parent, guardian, student, sibling, caretaker relative, emergency contact) currently or formerly a registered sex or violent offender? **Y N**

If yes, state name and relationship to student: _____

Current or former individuals on the Sex/Violent Offender Registry are not permitted on school property or have limited access per District Policy #4550.

Medical Information

Does the student have any medical condition: **Y N**

If yes, please list medical condition (s): _____

Medication currently taking: AT HOME _____ AT SCHOOL _____

Physician Name: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Daycare: _____ Phone Number: _____

Special Services

Has your student received any **special services** from public schools? **Y N**

Please check: Title I Current IEP 504 Plan Gifted Other (please specify) _____
(MSD3 is committed to meeting your child's social, emotional and academic needs.)

Has your child ever been placed in:

1. Resource Room (been identified with a learning disability)? **Y N**
If yes, please note the subject (s) in which your child received extra help and length of time _____
2. Title 1 (been identified as needing remedial reading or math)? **Y N**
If yes, please note the subject (s) in which your child received extra help and length of time _____
3. Speech/Language Therapy Program? **Y N** If yes, Where? _____ Exit date: _____
4. Has your child been diagnosed with ADD/ADHD? **Y N**
If yes, does he/she take medication? At home At school
5. Has your child ever been held back in school? **Y N** If yes, what grade and year? _____

Where should your child go after school? _____

Will your child require bus services? **Y N** IF YES: Round Trip AM Only PM Only
(if yes, please fill out bus registration sheet)

Has your student been in residential treatment? **Y N** Dates of Treatment _____ Location _____

Is this student on a current or pending expulsion? **Y N** If "YES", from what school/district? _____

Dates _____ Reason for expulsion _____

Does student have prior or pending criminal charges? **Y N**

If yes to either question, please provide details (place, reason, dates, etc.) _____

Is there anything else you feel we should know about your child? _____

Home Language Survey

What language is spoken by you and your family at home? _____

Is your child's first-learned or home language anything other than English? **Y N**

If yes to above questions, please answer following questions:

What language did your child learn when he/she began to talk? _____

What language is used most frequently at home by the child? _____

What language is spoken most frequently with child? _____

Please check one about your child:

____ Understands only home language _____ Understands mostly home language and some English

____ Understands home language and English equally _____ Understands only English

I Certify that I am the parent/legal guardian of the student. I further certify that the street address I have provided is true and that I am a legal resident of the Manhattan School District. **Y N**

I certify that the street address I have provided is where the student resides during the school week. **Y N**

Parent/Guardian Signature: _____

Date: _____