



# Manhattan School District #3

Home of the Tigers, Forever Orange and Black

## Student Household Information Sheet

<b>School</b> _____ <b>School Year</b> _____ <b>Grade</b> _____	<b>Date Enrolled</b> _____	<b>Previous School</b> _____ <b>Phone/Fax</b> _____ <b>Address</b> _____
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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:** \_\_\_\_\_