

SCHOOL YEAR: 2017-2018
LAKE PRESTON ENROLLMENT INFORMATION

STUDENT NAME _____ STUDENT CELL _____
(last) (first) (middle)

GRADE _____ ACTIVE MILITARY FAMILY (circle) Y or N FOSTER STUDENT (circle) Y or N

DATE OF BIRTH Mo _____ Day _____ Year _____ Place of Birth _____ HISPANIC (circle) Y or N

INDIVIDUAL RACE: check ALL that apply American Indian/Alaskan Native Asian
 Black/African American Native Hawaiian/Pacific Islander White

STUDENT DIRECTORY INFORMATION: (FERPA Rights) check one Share Information Do NOT Share Information

ANY ILLNESSES OR HEALTH PROBLEMS _____ HEALTH ASSESSMENTS (circle) Y or N

DIET RESTRICTIONS (circle) Y or N - **medical documentation needed** EMERGENCY MEDICAL PERMISSION (circle) Y or N

FIELD TRIP PERMISSION (circle) Y or N KIDS FIRST (circle) Y or N

PARENT/GUARDIAN NAMES _____ HOME PHONE _____

DAD CELL _____ DAD WORK # _____ DAD EMAIL _____

MOM CELL _____ MOM WORK # _____ MOM EMAIL _____

DAD MAILING ADDRESS _____
(Address or PO Box) (City) (State) (Zip)

MOM MAILING ADDRESS _____
(Address or PO Box) (City) (State) (Zip)

EVACUATION EMERGENCY CONTACT _____ PHONE # _____

INCLEMENT WEATHER: Always Ride Bus (circle) Y or N Will Drive (circle) Y or N Will Pick Up (circle) Y or N

PICK UP or WALK TO CONTACT _____ PHONE # _____

STUDENT HANDBOOK:

As a Parent/Guardian or student of the Lake Preston School District, I have read and understand that I am responsible for the information in the Student Handbook and agree to abide by those terms.

Parent/Guardian Signature _____ Student Signature _____
(PK-12th grade MUST sign)

ACCEPTABLE USE POLICY:

As a Parent/Guardian or student of the Lake Preston School District, I have read and understand that I am responsible for the information in the Acceptable Use Policy (AUP) and agree to abide by those terms.

Parent/Guardian Signature _____ Student Signature _____
(PK-12th grade MUST sign)

Please see reverse side for information regarding form.

DEFINITIONS:

Student Directory Information: (FERPA rights) This allows the Lake Preston School District permission to publish your student's full name in various formats such as, newspaper honor roll, yearbook photos, webpage and Facebook pictures, etc.

Emergency Medical: In the case of an emergency, when I cannot be contacted, I give my permission for the above named child to receive emergency medical/dental treatment.

Health Assessments: I give permission for my child to participate in vision, hearing, heights, weights, and dental assessments. I understand that this is only a screening to find possible areas of concern. If there appears to be a concern, I will be contacted.

Diet Restrictions: The above named child needs a special meal prepared because of a disability or chronic medical condition. Please provide medical documentation as to the disability or medical condition.

Medication: If your child needs to take medication at school, you will need to contact the elementary or JH/HS office for the appropriate form before **ANY** medication can be given at school.

Evacuation Contact: In case we ever had to evacuate the building and relocate, we ask that you provide the best emergency contact person and number.

Inclement Weather: Throughout the school year you may receive unplanned early release messages from our School Messenger Program. We need to have information as to where you would like the students to go if different from a regular school day.

Complete policies, handbooks, and informational packets are located under the Registration link on the Lake Preston School District Website: <https://lakepreston.k12.sd.us/> or you may email/call the school if you would like a hardcopy of any of the following:

- Elementary Student Handbook
- PK-6 Acceptable Use Policy
- JH/HS Student Handbook
- 7-12 Acceptable Use Policy
- FERPA Rights
- Diet Restrictions – Medical Documentation Form
- Kids First Enrollment Form