

**MEADE SCHOOL DISTRICT  
STUDENT ENROLLMENT FORM**

**Student and family DEMOGRAPHICS**

Student Name (First, MI, Last) \_\_\_\_\_

Grade \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Household Physical Address/Location: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

(Meade, Rapid City, Spearfish, Lead/Deadwood, Newell, Belle Fourche, etc.)

Please circle any current services received by your child:

IEP                      504 Plan                      Title I                      Other (Explain below)

1. Is this student (or are you) Hispanic or Latino? (Choose only one).

\_\_\_\_\_ No, not Hispanic or Latino

\_\_\_\_\_ Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race).

2. What is the student's (or your) race? (Regardless of how you answered the first question, choose one or more).

\_\_\_\_\_ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, 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 Philippine 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).

\*\*In accordance with new standards issued by the U.S. Department of Education, school districts must collect and report race and ethnicity for students and staff. This is **not optional** for states. The South Dakota Department of Education (DOE) is required to submit all of our federal reports utilizing the new race/ethnicity categories.

**Home Language:**

What is the language most frequently spoken at home? \_\_\_\_\_

What language did your child learn when he/she first began to talk? \_\_\_\_\_

What language does your child most frequently speak at home? \_\_\_\_\_

What language do you most frequently speak to your child? \_\_\_\_\_

The district has my permission to share or publish information/photo without written consent?

Yes                      No

Bus/Transportation:      Yes      No

## Family/Household Information

Student lives with:    Both Parents    Mother    Father    **Legal** Guardian (explain below)

**\*\*\*Relatives are not necessarily legal guardians. If you circle the Legal Guardian option, you will be asked to provide documentation. If you are NOT this child's mother, father, or legal guardian, you must apply for district assignment according to the provisions of SDCL 13-28-10.**

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### Household Adult Female Information

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Mother's Information (if different from above)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Household Adult Male Information

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Father's Information (if different from above)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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In the event of an emergency, we will make every attempt to contact the two adults listed above at all of the numbers provided. Please provide another Emergency Contact in the event we are not able to contact you.

Person \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### **List the other children in this household:**

Name:	Birth date (MM/DD/YY)	Grade	School
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Transferring from: (circle one)

Another Public School

Private School

Home School

Last School Attended \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Moved to Sturgis from \_\_\_\_\_  
(City, State)

When? \_\_\_\_\_

Are there any special circumstances we should be aware of?

Health conditions? Custody Information? Restraining Order?

Are you or any immediate family member a registered sex offender? Yes: No:

- **I certify that the above information is true and correct to the best of my belief and knowledge.**
- I understand that according to South Dakota Codified Law 13-27-3.1: Any person who is required to cause any child to attend any public school in this state shall, **either at the time of enrollment or within thirty days of initial enrollment, provide the public school with a certified copy of the child's birth certificate.**
- I understand that according to South Dakota Codified Law 13-27-7.1: Any pupil entering school or an early childhood program in this state shall, **prior to admission**, be required to present his/her immunization record.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

### **South Dakota Codified Laws applying to school enrollment**

13-27-3.1. - Birth certificate or affidavit to be submitted -- Violation as misdemeanor. Any person who is required pursuant to § 13-27-1 to cause any child to attend any public or nonpublic school or alternative instruction program pursuant to § 13-27-3 in this state shall, either at the time of enrollment in any school in this state or upon being excused from school attendance pursuant to § 13-27-3 or **within thirty days of initial enrollment** or excuse, provide the public or nonpublic school or the alternative instruction program with a certified copy of the child's birth certificate or affidavit in lieu of birth certificate as issued by the Department of Health in such cases where the original birth certificate is deemed unattainable. Any parent or guardian who requests an excuse for his or her child pursuant to § 13-27-3, shall with the initial request for excuse, provide a certified copy of the child's birth certificate or an affidavit notarized or witnessed by two or more witnesses, swearing or affirming that the child identified on the request for excuse is the same person appearing on the child's certified birth certificate. A violation of this section is a Class 2 misdemeanor.

**Meade School District Procedure:** If no birth certificate is on file after 30 days of initial enrollment, the parent/guardian's name will be referred to the State's Attorney for possible legal action.

## Immunization Requirement

13-28-7.1 Tests and immunizations for communicable diseases required for admission to school or early childhood program--Exceptions--Rules. Any pupil entering school or an early childhood program in this state, shall, prior to admission, be required to present to the appropriate school authorities certification from a licensed physician that the child has received or is in the process of receiving adequate immunization against poliomyelitis, diphtheria, pertussis, rubeola, rubella, mumps, tetanus, and varicella, according to recommendations provided by the Department of Health. The Department of Health may modify or delete any of the required immunizations. As an alternative to the requirement for a physician's certification, the pupil may present:

- (1) Certification from a licensed physician stating the physical condition of the child would be such that immunization would endanger the child's life or health; or
- (2) A written statement signed by one parent or guardian that the child is an adherent to a religious doctrine whose teachings are opposed to such immunization; or
- (3) A written statement signed by one parent or guardian requesting that the local health department give the immunization because the parents or guardians lack the means to pay for such immunization.

The Department of Health may promulgate reasonable rules, in accordance with chapter 1-26, to require compliance and documentation of adequate immunization, to define appropriate certification, and to specify standard procedure.

**Meade School District Procedure:** Parents of new students **must submit** appropriate documentation that their children have received the minimum immunization requirements set forth in SDCL 13-28-7.1 **before** the first day their children enter school.

**Students will not be admitted to school until and unless the school nurse has received and verified the immunization documentation.**

### **Procedures:**

1. At the time of the initial entrance of a student into Meade School District, the appropriate documentation will be required from a parent/guardian. Students who attempt to enroll without such documentation will be denied entrance until such forms are submitted.
2. The immunization documentation will be transferred to the school nurses, in an expedient manner, for verification. If the school nurse determines that the student does not have appropriate immunization, the parents of the student will be contacted by the school nurse.
3. Parents of Kindergarten students are informed of the requirements during kindergarten screening sessions prior to school. The immunization status of all kindergarten students will be reviewed and monitored by the school nurses.
4. In cases where the certification indicates that immunizations have begun, but are not completed, new students may be admitted to school upon verification of the process by the school nurse.
5. The only exceptions for the above immunization requirements are:
  - a. Medical Exemption. The physical condition of the child is such that a test or immunization would endanger life or health. The parent must provide an exemption form **SIGNED BY A DOCTOR.**
  - b. Religious Exemption. Parents or guardians of the child adhere to a religious doctrine whose teachings are opposed to immunizations. The parent must sign an exemption form.