# MEADE SCHOOL DISTRICT STUDENT ENROLLMENT FORM

# Student and family DEMOGRAPHICS

					— NI-	
inis stude	nt ever a	ittended ivieade	School District?	Yes	No	
	•		ved by your child:			
IE	Р	504 Plan	Title I		Other	(Explain below)
1.			) Hispanic or Latino	o? ( <mark>Choose</mark>	only o	ne).
		not Hispanic or La		ioon Duor	to Dico	ın, Cuban, South or
		•	other Spanish cultu	•		
2.			our) race? (Regard			
		estion, <mark>choose one</mark>				
_			Alaska Native (A perth and South Amo			ins in any of the ntral America, and who
			ion or community a			niliai America, and who
			ng origins in any of	,		es of the Far East,
					g, for ex	xample, Cambodia,
						ning Islands Thailand
	Chir	•	Korea, Malaysia, Pa		Philipp	ine islands, mailand,
	Chir and	Vietnam).	•	kistan, the		
_	Chir and <b>Blac</b>	Vietnam). ck or African Ame	•	kistan, the		ny of the black racial
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# 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. <u>If you are NOT</u> this child's mother, father, or legal guardian, you must apply for district assignment according to the provisions of SDCL 13-28-10.

Parent/Guardian was	s a student in Meade School	District: Yes No		
Household Adult Female Information		Household Adult Male Information		
Relationship to chil	d:	Relationship to child:		
Name:		Name:		
Mailing Address: _		Mailing Address:		
City, State, Zip:		City, State, Zip:		
Home Phone:				
Email:	<del></del>	Email:		
Cell Phone:		Cell Phone:		
Place of Work:		Place of Work:		
Work Phone:		Work Phone:		
Mother's Information (if different from above)		Father's Information (if different from above)		
Name:	<del> </del>	Name:		
Mailing Address: _	<del> </del>	Mailing Address:		
City, State, Zip:		City, State, Zip:		
Home Phone:		Home Phone:		
Email:		Email:		
		Cell Phone:		
Work Phone:				
listed above at all in the event we are	of the numbers provided. e not able to contact you.	every attempt to contact the two adults Please provide <u>another</u> Emergency Contact  Relationship		
Name:	Birth date (MM/DD/YY)	Grade School		

Transferring from: (circle one)

Another Public School	Private School	Home School
Last School Attended		
Address, City, State, Zip		
Moved to Sturgis from	(2)	
When?	(City, State)	
Are there any special circumstance		
Health conditions?	Custody Information? Restr	aining Order?
Are you or any immediate family/housel	nold member a registered sex	offender? Yes: No:
<ul> <li>I certify that the above informat knowledge.</li> </ul>	ion is true and correct to the	e best of my belief and
<ul> <li>I understand that according to Sol required to cause any child to atte of enrollment or within thirty da a certified copy of the child's bi</li> </ul>	end any public school in this stays of initial enrollment, prov	ate shall, <b>either at the time</b>
I understand that according to Social school or an early childhood programmer present his/her immunization recording to Social School of the Social Sch	ram in this state shall, <b>prior to</b>	
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.

### Meade School District Home Language Survey

Local Educational Agencies (LEAs) are required to identify possible English Learners (ELs) during enrollment. This Home Language Survey (HLS) is used as a tool to determine if your child is eligible for language support services. If a language other than English is used by you or your child and your child meets the English Learner (EL) definition, the school may give your child an English Language Proficiency assessment. The school will share the results of the assessment with you.

Student Information

First Name:	Date of Birth:
Last Name:	School Name:
Questions for Parents or Guardians	Response
What is the language most frequently spoken at home?	
What language did your child learn when he/she began to talk?	
Which language does your child most frequently speak at home?	
Which language do you most frequently speak to your child?	
Parent Preferences	
In what language would you prefer to get information from school?	
Demont / Consulting leting action	Destar
Parent/Guardian'sSignature:	<u>Date:</u>