



BALTIC SCHOOL DISTRICT 49-1
Registration 2015-16

Please select one of the following: New Student or Returning Student

Name (Last) _____ (First) _____ (Middle) _____ Dated ____/____/____ Grade 2015-16 _____
 Student's preferred name _____ Birthdate ____/____/____ SS# _____ - _____ - _____ Gender ____ M ____ F
 Place of Birth City _____ State/Country _____
 Date student entered United States (if applicable) ____/____/____ Joint Custody (Circle One) Yes or No Language _____
 (Middle School & High School Only) Student's Cell # _____ - _____ - _____ Student's Email Address _____ .com

HOUSEHOLD "A"	Adult Information #1: _____ Guardian (Circle One) Y or N
	<i>First Name</i> _____ <i>Last Name</i> _____
	Relationship to Student _____ Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
	Workplace _____ Work Phone _____ - _____ - _____
	Email Address _____ @ _____ .com Preferred Language _____
	Adult Information #1: _____ Guardian (Circle One) Y or N
	<i>First Name</i> _____ <i>Last Name</i> _____
	Relationship to Student _____ Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
	Workplace _____ Work Phone _____ - _____ - _____
	Email Address _____ @ _____ .com Preferred Language _____
Physical Address (for both) _____ PO Box _____	
City _____ State _____ Zip _____ - _____	

HOUSEHOLD "B"	Adult Information #1: _____ Guardian (Circle One) Y or N
	<i>First Name</i> _____ <i>Last Name</i> _____
	Relationship to Student _____ Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
	Workplace _____ Work Phone _____ - _____ - _____
	Email Address _____ @ _____ .com Preferred Language _____
	Adult Information #1: _____ Guardian (Circle One) Y or N
	<i>First Name</i> _____ <i>Last Name</i> _____
	Relationship to Student _____ Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
	Workplace _____ Work Phone _____ - _____ - _____
	Email Address _____ @ _____ .com Preferred Language _____
Physical Address (for both) _____ PO Box _____	
City _____ State _____ Zip _____ - _____	

Non-Custodial Parents: Non-custodial parents have the same right to review and obtain information from the District as does the custodial parent (e.g. access to records/school mailings, attendance at parent teacher conferences/meetings and authority to request that a student be released early or report an absence for a legitimate reason). A non-custodial parent cannot be denied information unless a court order has limited this right. If this right has been limited, a copy of the court order must be provided to the District (SDCL 25-5-7.1).

NON-CUSTODIAL PARENT(S)/GUARDIAN INFO	Non-Custodial Adult Information #1: _____ Guardian (Circle One) Y or N
	<i>First Name</i> _____ <i>Last Name</i> _____
	Relationship to Student _____ Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
	Workplace _____ Work Phone _____ - _____ - _____ Guardian (Circle One) Y or N
	Email Address _____ @ _____ .com Preferred Language _____
	Non-Custodial Adult Information #2: _____
	<i>First Name</i> _____ <i>Last Name</i> _____
	Relationship to Student _____ Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
	Workplace _____ Work Phone _____ - _____ - _____ Guardian (Circle One) Y or N
	Email Address _____ @ _____ .com Preferred Language _____
Physical Address (for both) _____ PO Box _____	
City _____ State _____ Zip _____ - _____	

ENROLLMENT STATUS: Is the student in good standing with his/her previous school and would be able to return? (Circle One) Yes or No
 Has the student been expelled, placed on long term/extended suspension (greater than 10 days) or received more than 3 periods of short-term suspensions (less than 10 days each in the past 12 months)? Yes No If Yes, check all that apply: Expelled Short-Term Suspension Long-Term/Extended Suspension If you checked Yes, please describe the situation(s). Attach another sheet if necessary.

RACE/ETHNICITY: Is the student Hispanic or Latino? No, Hispanic or Latino Yes, Hispanic or Latino
 What is the students (or your) race? (Regardless of how you answered the first question, choose one or more.)
 American Indian or Alaska Native Asian Native Hawaiian
 Black or African American White Other Pacific Islander

STUDENT RESIDENCY: What is the student's present housing situation? Check all blanks that apply.
 In a shelter (emergency or transitional housing or safe house) Unsheltered (motel, car, campsite, etc)
 Lost home/apartment – can't afford housing resulting in shared housing with family/friends In a transitional housing program
 Inadequate housing (lacks kitchen or bathroom facilities) The above housing situations **do not apply**

Head(s) of Household Information: With whom does the student live? _____
 (Parents, Mother, Father, Grandparents, Legal Guardian(s), Foster Parent, Father/Stepmother, Mother/Stepfather, Father/Father's Friend, Mother/Mother's Friend, Stepmother, Stepfather)

***IT IS THE RESPONSIBILITY OF THE LEGAL GUARDIAN TO SUBMIT LEGAL DOCUMENTS REGARDING CUSTODY/RESTRAINING ORDERS, ETC. TO SCHOOL.**

Previous School _____ Grade Completed _____
 Address _____ City _____ State _____

Has the student's family moved into the school district within the last 36 months for temp or seasonal agricultural work? Yes or No

SPECIAL PROGRAMS: This information assists in making educational placement decisions for the student.

Is the student currently receiving special education/related services through an Individualized Education Program? Yes or No

Is the student currently receiving any additional services? (Check all that apply)

504 Plan Health Care Plan (For health needs) English Language Acquisition Services

OTHER CHILDREN IN FAMILY

Child's Name _____ Birthdate ____/____/____ Grade _____ M or F
 Child's Name _____ Birthdate ____/____/____ Grade _____ M or F
 Child's Name _____ Birthdate ____/____/____ Grade _____ M or F
 Child's Name _____ Birthdate ____/____/____ Grade _____ M or F

Release of Information About Your Student – Schools are permitted to disclose information on students if it has been properly designated as **directory information**. By law, directory information includes things that would generally not be considered harmful or an invasion of privacy if disclosed, such as **name, address, photograph, and date of birth**. Directory information may not include things such as a student's social security number or grades. If a school has a policy of disclosing directory information, it is required to give public notice to parents of the types of information designated as directory information, and the right to opt out of having your child's information so designated and disclosed. Also secondary school students' names, addresses, and telephone numbers may be released to military recruiters/institutions of higher education. Parents have the right to deny release of directory information.

Student name and photo in **school yearbook** Yes No

Student photo or school work in **publications/national or local news/media/district/teacher/affiliate websites/video/voice recording/name grade/sports/activities/drama/music/weight and height athletics/attendance/awards/parent or guardian name** Yes No

Student name and other directory information in the **parent/student contact list, approved mailing lists, outside group or organizations/school newspapers, commencement programs, honor rolls and other similar purposes.** Yes No

We are **required by law** to release your **student's directory information** to the following **unless specified by checking No**.
 To military recruiters No
 To institutions of higher learning No
 To SD Board of Regents (7-12 Only) No

I give permission for my student to **participate in field trips.** Yes No

I affirm that all information given is true and correct. I understand that if it is later determined that the student enrolled in the District is not a legal resident of the District, said student may be withdrawn immediately. I understand the changes made to the Student Handbook and know that the Student Handbook is available on the district website and school offices.

Print Parent/Guardian Name _____ Dated _____
 Signature of Parent/Guardian _____

BALTIC SCHOOL DISTRICT 49-1 STUDENT HEALTH INFORMATION



Student's Name (Last) _____ (First) _____ (Middle) _____

Student's Address _____ City _____ St _____ Zip _____

Home Phone _____ Mother/Guardian's Name _____

Mother/Guardian's Cell _____ Mother/Guardian's Work Phone _____

Mother/Guardian's Email (please print) _____

Home Phone _____ Father/Guardian's Name _____

Father/Guardian's Cell _____ Father/Guardian's Work Phone _____

Father/Guardian's Email (please print) _____

Insurance Company _____ Insured Person _____ Policy Number _____

Family Doctor _____ Phone _____ Date of Last Tetanus Shot _____

Doctor's Address _____ City _____ St _____ Zip _____

Hospital Preference _____ Address _____ City _____ St _____ Zip _____

Dentist Office _____ Dentist's Name _____ Phone _____

Dentist Office's Address _____

Please list medications your child takes & reason _____

Please list any significant health information which should be known by the school or an attending physician (asthma/seizures/diabetes/allergies/etc)

List measures you would like school personnel to follow if health problem(s) occur at school and/or activity _____

If we are unable to reach you in an emergency, whom should we contact?

Emergency Name _____ Relationship _____ Home Phone _____ Cell _____ Work _____

Emergency Name _____ Relationship _____ Home Phone _____ Cell _____ Work _____

CONSENT OF STUDENT (Name of Student) _____, have read the consent form signed by
(Please Circle One) Mother Father Legal Guardian and join with (Please Circle One) him or her in consent.

Dated this _____ day of _____, 20____ Student's Signature _____

I am the mother / father/ legal guardian of the above child, who attends Baltic School District 49-1 and/or participates in activities in the Baltic School District 49-1. I hereby consent to any medical services & hospital care that may be required while said student is under the supervision of an employee of the Baltic School District 49-1. I hereby appoint said employee to act on my behalf in securing necessary medical services & hospital care from any duly licensed health care provider. I authorize officials of the District to contact persons I have designated as emergency contacts (above) for medical emergencies and in the event that I or my designated emergency contacts cannot be reached, school officials are authorized to take whatever action is deemed necessary for the health and safety of my child/children. Expenses incurred, including ambulance user or treatment by a physician, will not be borne by the District.

Dated this _____ day of _____, 20____ Parent(s) Legal Guardian Signature _____

GRADES 6-12 ONLY: Over-the-Counter Medication. I authorize my child to carry and self-administer over-the-counter/non-prescription and prescribed medication while at school or activities and relieve the District and personnel of all responsibility. (Physician's signature not required). I understand that the District and individuals will not be held liable for any adverse effects of the medication. I understand that my child shall possess only the number of doses necessary for school hours or the school event or activity for one (1) day and that students are prohibited from transferring, delivering or receiving any medication to or from another student. All violations will result in confiscation of the medication and subject student(s) to discipline in accordance with the school behavior plan. Students who use medication for purposes other than the intended use will be disciplined and will no longer be allowed to carry and self-administer medications.

Dated this _____ day of _____, 20____ Parent(s) Legal Guardian Signature _____

****NOTE – If deemed necessary for authorized personnel to supervise the medication/treatment prescribed on this form for a child, a “Request and Authorization for Medication Form” must be turned in to our Office. Forms are available at our office or on our website.**

CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM (HIPAA)

- 1) I authorize the use of disclosure of the above individual's health information. Also if the student is involved in athletics/activities at Baltic School the Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information.
- 2) The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the care of this student.
- 3) This information for which I am authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
- 4) I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to the information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
- 5) I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
- 6) I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

Student's Name *(Please Print)* _____ **Dated** _____

Signature of Student _____

Parent/Guardian Name *(Please Print)* _____ **Dated** _____

Relationship of Student _____

Signature of Parent/Guardian _____

This form must be completed annually and must be available for inspection at the school.