

DE SMET SCHOOL DISTRICT 38-2 STUDENT ENROLLMENT FORM

Student Legal Name _____

First, Middle, Last

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



Social Security # _____

Student Cell Phone: _____

Race/Ethnicity (Required Answer)

Hispanic/Latino? Yes _____ NO _____

_____ White _____ American Indian/Alaska Native _____ Black/African American _____ Asian _____ Native Hawaiian/Pacific Islander _____ Other _____

OPEN ENROLLMENT: YES NO

School District of Residence if Open Enrollment: _____

Please circle any current services received by your child:

IEP Section 504 Title I Other (Explain below)

Bus/Transportation: YES NO

Student of Active Military Parent: YES NO

Family/Household Information

Student lives with (circle one) Father/Mother Mother/Stepfather Father/Stepmother 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.

Primary Household

Father/Guardian Name _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____ Place of Work: _____

Email Address: _____

Mother/Guardian Name _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____ Place of Work: _____

Email Address: _____

Resident Address: _____

Second Household: If we should send student information to an additional household, please add here.

Father/Guardian Name _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____ Place of Work: _____

Email Address: _____

Mother/Guardian Name _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____ Place of Work: _____

Email Address: _____

Resident Address: _____

Please complete the information on the back of this form →→→→→→→→→→→→→→→→

In the event of an emergency, we will make every attempt to contact one of the two adults listed above at all 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	Birthdate (MM/DD/YY)	Grade	School

**Are there any special circumstances we should be aware of?
Health Conditions? Custody Information? Restraining Order?**

Home Language Survey

- 1. What is the language most frequently spoken at home? _____ English: Other _____
- 2. Which language did your child learn when he/she first began to talk? _____ English: Other _____
- 3. What language does your child most frequently speak at home? _____ English: Other _____
- 4. What language do you most frequently speak to your child? _____ English: Other _____

- 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, before admission, be required to present his/her immunization record.

- 5. Student's Birth Country:(if not the US) _____
- 6. Date Student Entered U.S.: _____

Social Media/Newspaper/Yearbook

The district has my permission to share or publish information/photos without written consent. Checking NO means student photos will NOT be included in the school yearbook, as well as a newspaper, website, or any social media.

YES _____ NO _____

Email Notification Policy:

The District ensures a parent of a child with a disability may elect to receive their South Dakota Parental Rights and Procedural Safeguards notices, and other information required by this chapter by electronic mail(email) communication. Parents have an opportunity annually to check "yes" if they give consent to receive information, notices, and communications related to their child's IEP electronically, or "no" if they do not give consent.

Annual parental approval is necessary to allow student information/files to be transmitted through email(PPWN's, consent, Etc.)

YES- I give consent _____ NO- I do not give consent _____

Signature of parent/legal guardian

Date

De Smet School District 38-2
405 3rd St SW
PO Box 157
De Smet, SD 57231
Phone: 605-854-3674 Fax: 605-854-9138



Shane Roth, President Leslie Tvedt, Superintendent/LIW Principal Daniel Beltin, MS/HS Principal Rhonda Siefker, Business Manager

Release of School Records

New Federal Law 99.31 - "No parent signature required for educational records to be sent to another educational agency."

Information to be Released from School: _____

City: _____ State: _____

Fax: _____ Phone: _____

Student Name: _____ DOB: _____ Grade: _____

Student Name: _____ DOB: _____ Grade: _____

Student Name: _____ DOB: _____ Grade: _____

The student(s) named above has/have enrolled in our school district. Please send the following information:

- Official administrative record (birth certificate, grades earned, attendance record, behavior record, grade level completed, schools attended)
- Special Education Records/504 Fax IEP if applicable
- Standardized test scores
- Athletic Physical, if applicable
- Health record/IMMUNIZATIONS
- ESL support services

Records should be sent to: De Smet School District
Atten: Melody Perry
PO Box 157
De Smet, SD 57231
Email: melody.perry@k12.sd.us

Request Date: _____