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

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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:

Grades PrK-5
Laura Ingalls Wilder Elementary
Attn: Traci Schoenfelder
PO Box 157
De Smet, SD 57231
Email: traci.schoenfelder@k12.sd.us

Grades 6-12
De Smet MS/HS
Attn: Melody Perry
PO Box 157
De Smet, SD 57231
Email: melody.perry@k12.sd.us

Request Date:_____