

DEERFIELD COMMUNITY SCHOOL DISTRICT - ENROLLMENT INFORMATION
2018-19 School Year

Annual update by parents/guardians required.

STUDENT INFORMATION

STUDENT ID:

LEGAL Last Name:	LEGAL First Name:	Middle:	Suffix:	Birth Date: (MM/DD/YYYY) Age:
Nickname:	Birthplace - County/City/State:	First Year in U.S. Schools (YYYY)	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Grade (2018-2019)

Racial/Ethnic Background and Migratory Status Information: Required by State/Federal law. Answer **ALL** questions below:

1st Question - Is this student Hispanic or Latino? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, neither Hispanic or Latino	2nd Question – Check box(es) if appropriate: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander Native Language (if other than English) _____	Have you or anyone in your family moved within the past 3 years to work in seasonal or temporary agricultural employment? This work includes producing crops, processing vegetables, caring for livestock, working on dairy farms, forestry, and fisheries? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date moved: _____ If Yes, from: _____ to: _____
---	---	--

(NEW STUDENTS ONLY) STUDENT'S PRIOR ENROLLMENT INFORMATION -- BIRTH CERTIFICATE VERIFIED (Initial)

Start Date:	School Name:	Grade:	School Year:
Transfer from District, if applicable (City/State/Phone #):		Transfer from School, if applicable (City/State/Phone #):	
Proof of Residency: <i>The Person with whom the student lives in the district and claims custody must provide one of the following:</i>			
<input type="checkbox"/> Current Signed Lease <input type="checkbox"/> Closing Statement/purchase agreement <input type="checkbox"/> Utility or Phone Bill (not cell phone)			
SCHOOL STAFF MUST INITIAL AS VERIFICATION OF DOCUMENT PRESENTED			

GUARDIAN HOUSEHOLD INFORMATION-PRIMARY STUDENT RESIDENCE

Student lives with: Both Parents, one residence Joint custody of physical placement
 Sole custody with:

Household Address:	City:	Zip:		
Mailing Address: (If different than above):	City & Zip:	Home Phone: ()		
Adult Guardian Last Name:	Adult Guardian First Name	Suffix:	Relationship to Student:	
Adult Guardian Work Phone: ()	Adult Guardian Cell Phone: ()	Adult Guardian Email Address:	Employer:	
2 nd Adult Last Name:	2 nd Adult First Name	Suffix:	Relationship to Student:	
2 nd Adult Work Phone: ()	2 nd Adult Cell Phone: ()	2 nd Adult Email Address:	Employer:	
Sibling Last Name:	Sibling First Name:	Birth Date:	Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Sibling Last Name:	Sibling First Name:	Birth Date:	Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Sibling Last Name:	Sibling First Name:	Birth Date:	Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

SECONDARY HOUSEHOLD INFORMATION, IF APPLICABLE

Household Address:	City:	State:	Zip:	Home Phone: *(ENN) ()
Adult Guardian Last Name:	Adult Guardian First Name	Suffix:	Relationship to Student:	
Adult Guardian Work Phone: ()	Adult Guardian Cell Phone: ()	Adult Guardian Email Address:	Employer:	
2 nd Adult Last Name:	2 nd Adult First Name	Suffix:	Relationship to Student:	
2 nd Adult Work Phone: ()	2 nd Adult Cell Phone: ()	2 nd Adult Email Address:	Employer:	

Student Name:	DOB:	Grade:
----------------------	-------------	---------------

EMERGENCY CONTACT WHEN UNABLE TO REACH PARENT/GUARDIAN:

Contact name:	Relationship:
Home phone: ()	Work phone: ()
Additional name:	Relationship:
Home phone: ()	Work phone: ()
Daycare provider:	Phone: ()
Medical practitioner:	Phone: ()
Clinic:	Phone: ()
Preferred hospital:	Phone: ()
Dentist:	Phone: ()

OTHER STUDENT INFORMATION:

Is English the primary language spoken in the home? Yes No
Has your child been tested for English Language Learner services? Yes No
Has your child ever received English Language Learner services? Yes No
 If yes, please indicate dates: _____
Is your child currently receiving English Language Learner services? Yes No

Has your child ever received special education services? Yes No
 If yes, please indicate dates: _____
Does your child currently receive special education services? Yes No

Has your child been evaluated for special education services? Yes No

Has your child ever received 504 accommodations? Yes No
 If yes, please indicate dates: _____
Does your child currently receive 504 accommodations? Yes No

Has your child ever received any other special services? Yes No
 If yes, please indicate (service and dates): _____
Does your child currently receive any other special services? Yes No
 If yes, please indicate: _____

Has your child been expelled from another school district or is your child currently involved in any pending expulsion proceeding in another school district? Yes No

STUDENT INFORMATION DISCLOSURE:

Disclosure of Student Directory Data – Family Educational Rights and Privacy Act (FERPA):

Schools are permitted to disclose, without consent, “directory” information such as a student’s name, address, telephone listing data and place of birth, honors and awards, and dates of attendance. Under the Family Educational Rights and Privacy Act, the district is required to give parents/guardians the notice of the opportunity to have their child’s directory data remain confidential if they provide the school administration such a request in writing. Through an annual notice in the Back to School Packet, published in August, the District provides detailed notice of the information designated as directory data and parents’ rights to refuse disclosure of the directory data. Parents have 14 days from receiving the annual notice to refuse the release of directory data information by contacting their child’s principal. *This means that you have control over what information the district can release to third parties if they ask the school for information regarding your child.*

STUDENT RECRUITING INFORMATION – high school level only

The school district is required to provide, upon request by military recruiters or an institution of higher education, access to student directory data (name, address, telephone listing). Under the No Child Left Behind Act of 2001 and the National Defense Authorization Act for Fiscal Year 2002, the district is required to give parents/guardians the notice of the opportunity to have their child’s directory data (student name, student address and telephone listings) protected if they provide the school administration their intentions in writing. Absent parental request to protect this information, military recruiters and higher education institutions may receive this information upon request.

To the best of my knowledge, the information provided is complete and accurate.

Parent/Guardian Signature: _____ Date: _____