

USD 496 Pawnee Heights Enrollment Form 2020-2021

Student's **FULL** Legal Name _____ Grade _____

Gender M F Birthdate _____ Home Phone _____

Physical & Mailing Address _____

City _____ State _____ Zip _____ Resident School District _____

Please indicate with whom the student lives: Parents _____ Single Mother _____ Single Father _____

Grandparents _____ Mother & Stepfather _____ Father & Stepmother _____ Foster Family _____

Father/Guardian _____ Employer _____

Work Phone _____ Cell Phone _____ Email _____

Mother/Guardian _____ Employer _____

Work Phone _____ Cell Phone _____ Email _____

Non-Custodial Parent Information – *Enter only if a parent does not live in the child's household.*

Name _____ Do we need to mail separate grade cards, etc to this parent? Y N

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Please mark and answer all applicable questions below.

Does this student receive Special Education Services? Y N

Does the student live *2.5 miles or more* from their attendance center? Y N

Will this student require bus transportation to and from school? Y N

From what address will the student be bussed? (Rural Routes Only)

Please note any circumstances/situations that the bus driver should know.

Student Cell Phone Number: _____

Student's Name _____

Emergency Information

In case of an emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or other adult that we may contact.

Contact _____ Phone _____ Relationship _____

Contact _____ Phone _____ Relationship _____

Family Physician _____ Phone _____

Health Insurance Provider _____ Policy # _____

List below, any Medical Comments/Conditions/Alerts (ex. medications, allergies, asthma):

Permissions

I, the parent or legal guardian of the above named student, give my consent for this child to participate in field trips and other activities during the 2020-2021 school year.

If I cannot be contacted in an emergency, I give my permission for medical treatment.

I further give my legal consent and authorize any representative of the school to authorize emergency medical treatment, including any necessary surgery or hospitalization for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity and consent to the medical care of any physician or dentist licensed in accordance with the provisions of the Kansas Healing arts Act, K.S.A. 65-2801.

I agree to pay for and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child.

I acknowledge and agree that the school is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize the treatment. To facilitate contacting me, I agree to continue to provide current work, and personal phone numbers to the school.

Parent/Guardian Signature

Date