



Student Enrollment Form

Student's Legal Name: _____ ID #: _____

Last First Middle

Grade: _____ Nickname: _____ Birth Date: _____ Gender: _____

Address: _____
Street City/State/Zip

Contact Phone: _____ Student's Mobile Phone: _____

Is the student living with their parent or legal guardian in someone else's house other than your own, living with a friend or family member other than their parent/guardian; living at a shelter, at a hotel or motel, or in a vehicle or campground (unsheltered)? ☐ No ☐ Yes Residency Date Check: _____

Student Racial/Ethnic Heritage: (Please complete information.)

Ethnicity—Please check one: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race—Please check all that apply: ☐ American Indian or Alaska Native ☐ Asian ☐ Pacific Islander
☐ White ☐ Black or African American (Selecting two or more denotes multi-racial)

Is there any language other than English as the primary spoken in your home? ☐ No ☐ Yes - Language: _____

Student's country of origin: _____ Parent's country of origin: _____

Date entered United States: _____ Date entered a school in United States: _____

Parents/Guardians:

Contact #1: _____ Contact #2: _____

Relationship to Student: _____ Relationship to Student: _____

Address: _____ Address: _____

Place of Employment: _____ Place of Employment: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Ext: _____ Work Phone: _____ Ext: _____

Mobile Phone: _____ Mobile Phone: _____

E-Mail: _____ E-Mail: _____

Daytime Emergency Alert Phone: _____

Name Additional Parents: _____ Relationship: _____ Phone: _____

Is there a court order that restricts either parent from contact with your student or access to student records? ☐ No ☐ Yes

If such a court order exists, it is the Parent's/Guardian's responsibility to provide a copy of this court order to the school.

It must be on file in the school's office to act on any restrictions.

Emergency Contact When Parent/Guardian Cannot Be Reached: (Do not include persons listed as Parents/Guardians.)

I authorize the district to release any and all identifiable information about my student to the following persons. Initial to authorize this

person to pick up your student on your behalf. Relationship Pick Up Student

1st: _____ Phone: _____ (Initial below)

2nd: _____ Phone: _____

3rd: _____ Phone: _____

4th: _____ Phone: _____

I understand to change this information I must submit a written request to my school.

School Messenger:

School Messenger is an automated phone/email system used to provide emergency communications to students and family. What language would you prefer for communications? ☐ English or ☐ Spanish

I authorize the District and the School to send communications via TEXT MESSAGES to the following mobile phone(s):

Parent/Guardian #: _____ Parent/Guardian #: _____

School Attendance:

Has your student previously attended school in the Trenton School District Schools? ☐ No ☐ Yes

If yes, please list: _____

School Last Attended: _____ District: _____

Former School's Address: _____
Street City/State/Zip

Has your student ever been homeschooled? ☐ No ☐ Yes Is your student currently being homeschooled? ☐ No ☐ Yes

**WHEN ENROLLING STUDENTS, YOU WILL NEED THE FOLLOWING
DOCUMENTATION**

- Proof of residency (PSE&G / Phone Bill)
- Proof of age (Birth Certificate)
- Immunization records
- Transfer Card
- Transcription / Most recent card (if available)

Special Services:

Does your student have an IEP for special education services or a 504 accommodation plan? ☐ IEP ☐ 504

Date Identified: _____ School District: _____

Has your student participated in supplementary education programs such as extra help with reading, math and/or language arts?

If yes, which subject(s)? ☐ Reading ☐ Math ☐ Language Arts Please describe: _____

Has your student ever been identified for gifted and talented education? ☐ No ☐ Yes

Date Identified: _____ School District: _____

Sibling Information:

List brothers, sisters, stepbrothers, and stepsisters younger than 20 years of age who currently reside within the North Kansas City Schools. Do not include your student for whom this form is completed.

First/Last Name	Phone	Gender (M/F)	Birth Date	School	Grade (if applies)	Same Address?
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Information:

Have you moved within the past 3 years to seek or obtain work in the following areas? If so, check the appropriate categories:

- | | |
|--|---|
| <input type="checkbox"/> Feeding poultry, gathering eggs, working in a hatchery | <input type="checkbox"/> Planting or harvesting crops |
| <input type="checkbox"/> Processing meat, poultry, fruit or vegetables, dairy products | <input type="checkbox"/> Commercial fishing or working on a fish farm |

Early Dismissal: In case of early dismissal, your student is to do the following:

- ☐ Ride the bus home ☐ Walk Home ☐ Car Rider ☐ Day Care _____
- ☐ Go to the following relative or baby-sitter: Name: _____
- Phone: _____

New Jersey Safe Schools Act:

Is your student currently under suspension or expulsion from school? ☐ No ☐ Yes _____ Initials

Has your student ever been under suspension or expulsion from school? ☐ No ☐ Yes _____ Initials

If you have answered yes to either of the previous questions, state the reason(s) for the suspension/expulsion: _____

It is a crime to give false information regarding any student's disciplinary history.

School Phonebook:

My phone number and address can be listed in the student-parent phonebook for distribution to school families. ☐ No ☐ Yes _____ Initials

Directory Information / Media Release:

The following information may be released without obtaining parental consent:

Student's name; parent's name; grade level; participation in school-based activities and sports; dates of enrollment; honors and awards received; artwork or coursework displayed by the district; and photographs, videotapes, digital images, and recorded sound that have been prepared for public consumption and would not be considered harmful or an invasion of privacy. _____ Initials

If you don't want the district to release the information listed above, you must submit a written notice to your school within 10 days of completing this form.

Educational Decisions: *(Question can be left blank.)*
I authorize the following person(s) to act on my behalf when making educational decisions and to have access to student records regarding my student.

Name: _____ Relationship to Student: _____

Verification:

I verify that the information provided on this form is accurate and current. Submitting false statements or information relating to residency is defined as a Class A misdemeanor and the district may recover from you tuition payments for any pupil who is enrolled based on false information you provide.

X _____	_____	_____
<small>SIGNATURE indicates you are the Parent, Legal Guardian, or Guardian</small>	<small>PRINTED Name of Parent, Legal Guardian, or Guardian</small>	<small>Date</small>

I am the legal Parent/Guardian of this student. ☐ No ☐ Yes _____ Initials

If you are not the legal Parent/Guardian of this student, state your relationship to this student. _____



Student ID Number: _____

Student Health Form 2021-2022

Student's Legal Name: _____
Last First Middle Age: _____

Grade: _____ School: _____ Birth Date: _____ Gender: _____

**** NEW Students Enrolling in Sprout U School of the Arts******PLEASE ATTACH a copy of current immunizations from the Physician or Clinic.
Students will NOT BE PERMITTED TO ENROLL without proof of state required immunizations.****Medication:**Does your student take medications? ☐ No ☐ Yes Diagnosis/Reason _____

Medication	Dose	Time(s)
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Health Information:

Physician's Name _____ Phone _____ Date of Last Visit _____

Dentist's Name _____ Phone _____ Date of Last Visit _____

Hospital Preference _____

Has your child had or does your child have any of the following illnesses or diseases?

(Age/Date)

(Age/Date)

Chicken Pox ☐ No ☐ Yes _____Mononucleosis ☐ No ☐ Yes _____Hepatitis ☐ No ☐ Yes _____Scarlet Fever ☐ No ☐ Yes _____Meningitis ☐ No ☐ Yes _____Other Contagious Disease ☐ No ☐ Yes _____

- Allergies (Please list and specify below) (foods, medications, environment, animals, etc.)

☐ No ☐ Yes

- Hospitalizations (other than newborn)

☐ No ☐ Yes

- Asthma

☐ No ☐ Yes

- Injuries/Accidents

☐ No ☐ Yes

- Attention Deficit/Hyperactive Disorder

☐ No ☐ Yes

- Mental/Emotional Problems

☐ No ☐ Yes

- Behavior Problems

☐ No ☐ Yes

- Physical Limitations

☐ No ☐ Yes

- Bladder Problems

☐ No ☐ Yes

- Pneumonia

☐ No ☐ Yes

- Bowel

☐ No ☐ Yes

- Rash/

☐ No ☐ Yes

- Problems

☐ No ☐ Yes

- Birthmark/

☐ No ☐ Yes

- Broken

☐ No ☐ Yes

- Scar

☐ No ☐ Yes

- Bones Dental

☐ No ☐ Yes

- Seizure

Problems

- Disorder

Diabetes

- Speech Problems

- Frequent Ear Infections

☐ No ☐ Yes

- Surgery

☐ No ☐ Yes

• Head Injury/Concussion	<input type="checkbox"/> No	<input type="checkbox"/> Yes	• Sutures/	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Hearing Problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes	• Stitches	<input type="checkbox"/> No	<input type="checkbox"/> Yes
			Tubes in		
			Ears		
• Heart Problems/Murmur	<input type="checkbox"/> No	<input type="checkbox"/> Yes	• Vision Problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
			• Wears Glasses/	<input type="checkbox"/> No	<input type="checkbox"/> Yes
			Contacts		

Please explain yes answers here:

Child History:

Did the child have any problems from birth to the first year of age?

☐ No ☐ Yes

Please explain yes answers here:

Student Concerns:

Do you have any concerns about your student's:

Vision ☐ No ☐ Yes Hearing ☐ No ☐ Yes Attention Span ☐ No ☐ Yes Emotional Development ☐ No ☐ Yes

Speech ☐ No ☐ Yes Behavior ☐ No ☐ Yes Ability to Learn ☐ No ☐ Yes Physical Development ☐ No ☐ Yes

Please explain yes answers here:

Emergency Benadryl Authorization:

I give the school nurse permission to administer Benadryl under a standing prescription order by a NKCSD advising physician during an emergency medical situation if there is a suspected allergy situation.

☐ No ☐ Yes

X _____
SIGNATURE of Parent/Guardian/Other _____ Date _____

Emergency EpiPen Authorization:

I give the school nurse permission to administer an EpiPen under a standing prescription order by a the nurse during an emergency medical situation if there is a suspected allergy situation.

☐ No ☐ Yes

X _____
SIGNATURE of Parent/Guardian/Other _____ Date _____

Verification:

In case of illness or injury of my student, I understand the school will attempt to contact parents or guardians first. Then they will contact other persons I have listed- who are authorized to receive information, make certain medical decisions and have my student released to their custody. If none is available, the school is authorized to make whatever arrangements are deemed necessary to maintain my student's health including, but not limited to, emergency medical treatment.

I am the legal Parent/Guardian of this student. ☐ No ☐ Yes _____ Initials _____

If you are not the legal Parent/Guardian of this student, state your relationship to this student. _____

I verify that the information provided on this form is accurate and current.

X _____

SIGNATURE of Parent/Guardian/Other	PRINTED Name of Parent/Guardian/Other	Date
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