



# Student Enrollment Form 2021-2020

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)

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## 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

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## 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:

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**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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