

**SMITHVILLE R-II SCHOOL DISTRICT**  
**NEW STUDENT ENROLLMENT FORM**

**Student Information**

**Legal Name of Student:** \_\_\_\_\_  
(Last) (First) (Middle)

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Gender (Check One):** Male  Female

**Enrolling School Year:** \_\_\_\_\_ - \_\_\_\_\_ **Grade Level:** \_\_\_\_

**Student Residence Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Mailing Address (If Different from Residence Address):** \_\_\_\_\_

**Student Cell Phone Number (If applicable):** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Support Services (Please check all that Apply):**

None  Special Education  Gifted/Talented  504 Plan  Health Plan  Title I/Reading

**The following information requested maintains compliance with implementing the Federal Race and Ethnicity categories:**

**Part A. Is this student Hispanic/Latino (Choose only one)**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

**The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be.**

**Part B. What is the student's race? (Choose one or more)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**Primary Language Spoken:** \_\_\_\_\_

**Does the student use a language other than English?** Yes  No  Language: \_\_\_\_\_

**Is a language other than English used in the home?** Yes  No  Language: \_\_\_\_\_

**Do you have a 3 or 4 year old child living with you?** Yes  No

**Has either parent/guardian been employed within the last three years in temporary or seasonal agricultural-related work?**

Yes  No

**Do you currently reside with other persons, or do you reside in a motel, hotel, car, campsite, shelter, or a temporary housing facility due to loss of housing, home damage or economic reasons?** Yes  No

**Parent/Guardian Information (Please List Individually)**

**Parent/Guardian 1:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
ZIP \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ Employer \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relation to Student \_\_\_\_\_ Student Resides With? Yes  No

**Parent/Guardian 2:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
ZIP \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ Employer \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relation to Student \_\_\_\_\_ Student Resides With? Yes  No

**Parent/Guardian 3:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ aaaaaaaaaaaa  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
ZIP \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ Employer \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relation to Student \_\_\_\_\_ Student Resides With? Yes  No

**Parent/Guardian 4:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ aaaaaaaaaaaa  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
ZIP \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ Employer \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relation to Student \_\_\_\_\_ Student Resides With? Yes  No

***Emergency Contacts Other Than Parent/Guardian(s) and/or Step-Parents:***

*Please note that the emergency contacts listed below are authorized to receive all information including health information of the student in an emergency situation.*

**Emergency Contact 1:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Relation to Student \_\_\_\_\_

**Emergency Contact 2:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Relation to Student \_\_\_\_\_

**Emergency Contact 3:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Relation to Student \_\_\_\_\_

**Student or Family Military Status**

**Is there a family member in the home that is connected to military service?** Yes  No

**If you responded Yes, which best describes the family member's current military service?**

AD - Active Duty  NGR - National Guard or Reserve

All of the below documents can be found on the school district's website located at [www.smithvilleschooldistrict.net](http://www.smithvilleschooldistrict.net) under Student Resources. I understand if I do not have Internet access to view this form, I can obtain such form in print from the school's front office.

(Check Below)

Student  Parent

I have read and understood the Student Technology User Agreement.

I have read and understood the Student Handbook.

I have read and understood the definition of and consequences of bullying as stated in the Student Handbook.

I have read and understood the *Student-Parent Handbook Addendum*.

I have read and understood the *Student Use of Personal Electronic Devices*.

I understand that my student (if in grades 7-12) will have access to YouTube.

By signing below, I agree that all the information presented herein is correct to the best of my knowledge.

**Parent/Guardian Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_