

2022-2023 Mineral County School District Enrollment Form

A. STUDENT INFORMATION				
Legal Last Name	First Name	Middle Name	Grade	Has student ever received Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Place of Birth (City, State/Region, Country)		If student was born in a country other than USA, please complete questions below.	Does student have a current: IEP <input type="checkbox"/> Yes <input type="checkbox"/> No 504 <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity <input type="checkbox"/> NOT Hispanic/Latino <input type="checkbox"/> YES Hispanic/Latino	Date of Birth (mm/dd/yyyy) Home Phone: _____ Household Phone: _____ Student Cell Phone: _____		Date entered USA (mm/dd/yyyy) If new to County Date student first attended school in USA (mm/dd/yyyy)	
Race (mark all that apply) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Two or more races			Is student American Indian and enrolled in a tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has student ever been suspended for: Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No Violence <input type="checkbox"/> Yes <input type="checkbox"/> No Is student currently on Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No Expulsion <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME LANGUAGE SURVEY				
MCS D requires schools to determine the language(s) by each student at school and at home. This information is essential for the schools to provide meaningful instruction for all students under (ELL Title III)				
What was the First language spoken by the student(Primary Language): _____				
What is the language most often spoken in the home(Home Language) _____				
What is the language most often spoken by the student with Friends? _____				
Has your child ever received English as a second language (LEP)(ESL/ELL) services? YES or NO				
B. ADDRESS INFORMATION – Where student resides the majority of the time.				
Residence Address			City, State, Zip	Parent works at: <input type="checkbox"/> On Base <input type="checkbox"/> On Federal Property <input type="checkbox"/> On Reservation <input type="checkbox"/> On Colony
Mailing Address (if different) Is parent's name listed on this PO Box? <input type="checkbox"/> Yes <input type="checkbox"/> No			City, State, Zip	
C. PARENT/GUARDIAN INFORMATION: Complete this section with information about parents/guardians who reside at the above address.				
Parent #1 in PRIMARY Household: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please specify):				
Last Name		First Name		Cell Phone
				Work Phone
Automated school/district message preference: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text Msg Do you want to receive grade alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No				Email Address
Parent #2 in PRIMARY Household: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please specify):				
Last Name		First Name		Cell Phone
				Work Phone
Automated school/district message preference: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text Msg Do you want to receive grade alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No				Email Address
D. PARENT/GUARDIAN INFORMATION: Complete only if student has more than one household.				
Does the parent have joint legal custody but does not have physical custody? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the student live in both residences 50% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Residence Address			City, State, Zip	Parent works at: <input type="checkbox"/> On Base <input type="checkbox"/> On Federal Property <input type="checkbox"/> On Reservation <input type="checkbox"/> On Colony
Mailing Address (if different) Is parent's name listed on this PO Box? <input type="checkbox"/> Yes <input type="checkbox"/> No			City, State, Zip	
Parent #1 in SECONDARY Household: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please specify):				
Last Name		First Name		Cell Phone
				Work Phone
Automated school/district message preference: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text Msg Do you want to receive grade alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No				Email Address
Parent #2 in SECONDARY Household: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please specify):				
Last Name		First Name		Cell Phone
				Work Phone
Automated school/district message preference: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text Msg Do you want to receive grade alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No				Email Address
Custody Alert (for section D only): To restrict a natural/legal parent's access to child or records, school must have a current copy of court documents or specific legal custody agreement on file. Parent #1: May pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent #2: May pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please complete all sections on both sides of this form. Please turn page.				

#1 Last Name	First Name	Cell Phone	Work Phone
Relationship		Home Phone	
#2 Last Name	First Name	Cell Phone	Work Phone
Relationship		Home Phone	
#3 Last Name	First Name	Cell Phone	Work Phone
Relationship		Home Phone	

F. SIBLINGS

First and Last Name	Grade	First and Last Name	Grade
First and Last Name	Grade	First and Last Name	Grade
First and Last Name	Grade	First and Last Name	Grade

G. MEDICAL INFORMATION

Doctor Name	Phone
ALLERGIES:	
MEDICAL ALERT PARENT IDENTIFIED:	

The information provided above is true and correct.

PLEASE COMPLETE (In case school closes during the year.)

We have high-speed internet available for my student to complete online instruction: ____ YES ____ NO

My student needs a MCS D computer made available to them to complete online instruction: ____ YES ____ NO

Military Connected Student: Is student a dependent of a member of: Full-time Active Duty Military Full-time Active Duty National Guard

Reserve Force None of the above NAME OF PARENT: _____

ONLY FOR STUDENTS NEW TO THE DISTRICT

Proof of Residency indicating billing address: REQUIRED. Please check one of the following:

<input type="checkbox"/> Gas/Propane Bill	<input type="checkbox"/> Residential Affidavit * Residential Affidavit is a letter signed by property owner confirming enrollee's presence in home and is accompanied by owner's proof of residency.
<input type="checkbox"/> Electric Bill	<input type="checkbox"/> Water Bill
<input type="checkbox"/> Current Rental/Lease Agreement	<input type="checkbox"/> Mortgage Statement
<input type="checkbox"/> No Documentation Available: Refer to Homeless Liaison	

Proof of Parent Identity:

PARENT DOCUMENTATION: One of the following required			
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Government Issued Photo ID		
<input type="checkbox"/> Government Issued Photo ID	<input type="checkbox"/> Passport		

Parents- Please note, any current information in Infinite Campus not listed on this form will be removed.

Parent Signature _____ Print _____ Date _____