



444 4<sup>th</sup> St W - Dickinson, ND 58601

# Student Enrollment

### OFFICE USE ONLY

School: \_\_\_\_\_ DPS ID: \_\_\_\_\_

Start Date: \_\_\_\_\_

Birth Certificate:  Immunizations:

### STUDENT INFORMATION (PLEASE PRINT)

First Name (Legal) \_\_\_\_\_

Last Name (Legal) \_\_\_\_\_

Middle Initial \_\_\_\_\_ Preferred Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Primary Parent Phone Number \_\_\_\_\_

Gender  Male  Female

Is this student Hispanic/Latino?  Yes  No

Race (check all that apply)

- African American
- American Indian/Alaskan Native
- Asian
- Caucasian/White
- Native Hawaiian/Other Pacific Islander

Did your student previously attend Dickinson Public School  Yes  No

Previous School - City/State \_\_\_\_\_

Has this student ever been suspended?  Yes  No Has this student ever been expelled?  Yes  No

### SPECIAL PROGRAMS

Does this student have a current Individual Education Plan (IEP)?

Yes  No

Does this student receive any of the following services?

Yes No

- 504 Plan (Diabetes Management, ADHD, etc.?)
- Title I Services (Math and/or Reading Services)
- Gifted/Talented Program

### MEDICAL/EMERGENCY INFORMATION

In the case of an emergency and I cannot be reached, I give any attending physician or my child's doctor permission to administer medical treatment.

Yes  No

Physician's Name  
*(If available, optional)*

Phone Number

Health Information (Check all that apply)

- No Known Health Problems  Contacts/Glasses  Hearing Aids
- Life Threatening Allergies (List) \_\_\_\_\_  Allergies (list) \_\_\_\_\_
- Asthma ( Inhaler Dependent)  Diabetic ( Insulin Dependent)  Seizures/Epilepsy ( Medication Required)
- Student Requires Epi-pen at School  Student Requires Rescue Inhaler at School
- Student Requires Medication at School
- Any Medical Condition School Should be Aware of \_\_\_\_\_

### PARENT/GUARDIAN SIGNATURE

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

My relationship to the student is:

Parent  Legal Guardian (documentation needed)  Person having court order (order needed)  Other \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_