

# HARPER SCHOOL STUDENT ENROLLMENT/EMERGENCY/PERMISSION FORM

**STUDENT NAME** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ **GENDER** M \_\_\_ F \_\_\_

Student's current grade \_\_\_\_\_ Student is or will be 18 yrs old this school year? Yes \_\_\_ No \_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Providing your social security number (SSN) is voluntary. If you provide it, the school district will use your SSN for record keeping, research, and reporting purposes only. The school district will not use your SSN to make any decision directly affecting you or any other person. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights a student. Providing your SSN means that you consent to the use of your SSN in the manner described.

Student lives with \_\_\_\_\_ (i.e. both parents, mother only, father only, step mother/father)

Parent/Guardian – Mother \_\_\_\_\_ Father \_\_\_\_\_

Parents Address \_\_\_\_\_

Res Phone \_\_\_\_\_ Mother-Work \_\_\_\_\_/Cell \_\_\_\_\_ Father-Work \_\_\_\_\_/cell \_\_\_\_\_

**EMERGENCY CONTACT #1:** Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**EMERGENCY CONTACT #2:** Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**INSURANCE INFORMATION** School Insurance \_\_\_ Yes \_\_\_ No Insurance Company \_\_\_\_\_

Insured's Name \_\_\_\_\_ Group # \_\_\_\_\_ Policy, ID, Subscriber# \_\_\_\_\_

Allergies \_\_\_\_\_  
(food, medicines, bee stings, etc.)

Current medications \_\_\_\_\_ Blood type (if known) \_\_\_\_\_

Explain any medical problems \_\_\_\_\_

Last school attended \_\_\_\_\_ City, State \_\_\_\_\_ Phone # \_\_\_\_\_

Special Programs \_\_\_\_\_ (i.e. ELL, IEP, Speech, TAG)

Native Language \_\_\_\_\_ Language Spoken At Home \_\_\_\_\_

Siblings attending Harper School Dist. \_\_\_\_\_

**Parental notification of directory information and field trip permission is now included in the Harper Student Handbook received by each family.**

Parent or Guardian Active Military or full-time Nat'l Guard \_\_\_ Yes \_\_\_ No E-mail address \_\_\_\_\_

**ETHNICITY:** (Choose one)

- Hispanic/Latino** (A Hispanic or Latino person is of Cuban, Mexican, Puerto Rican, south or Central American or other Spanish culture or origin, regardless of race)
- Not Hispanic /Latino**

**RACE:** (Choose one or more, regardless of Ethnicity)

- American Indian or Alaskan Native** (An American Indian or Alaska Native person has origins in any of the original peoples of North & South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (An Asian person has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Native Hawaiian or Other Pacific Islander** (A Native Hawaiian or Other Pacific Islander person has origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- Black or African American** (A Black or African American person has origins in any of the black racial groups of Africa.)
- White** (A White person has origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Signature of person completing this form \_\_\_\_\_ Relationship to student \_\_\_\_\_

Date \_\_\_\_\_