



# Banks School District

## Student Enrollment Form

This Enrollment Form is an official record. Your information helps us provide services for your student. Please contact your school's Main Office if you have any questions or need more information.

This enrollment form is an official record

Please print clearly using a black or blue pen

### 1. Student Demographic Information.

Legal Name \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_  
Last First Middle

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

Gender  Female  Male Home Phone \_\_\_\_\_

Ethnicity  Hispanic/Latino  Not Hispanic/Latino Race  American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  White  
*Select one* *Select one or more*

### 2. Student Local Residence and Mailing Address.

#### Local Residence Address

Include Street, Apt., City, State, and ZIP Code

#### Mailing Address

Same as Residence Address

Include Street, Apt., P.O. Box, City, State, and ZIP Code

### 3. Student Citizenship Information.

Birth Country \_\_\_\_\_

Birth City \_\_\_\_\_

Birth State \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Citizenship Status \_\_\_\_\_

Have you attended school in the U.S. for more than 3 years?  Yes  No  
Previous District Attended \_\_\_\_\_

Previous School Attended \_\_\_\_\_

Previous School Address \_\_\_\_\_

Previous School Phone Number \_\_\_\_\_

### 4. Student Language Preferences.

Student's first language \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Language used most often \_\_\_\_\_

Is student of American Indian ancestry?  Yes  No

• If yes, Tribal Name \_\_\_\_\_

### 5. Siblings

Enter the names of all siblings from Birth-Grade 12. Use additional paper if necessary to list all siblings

Name	Age	Grade	School

### 6. Court Orders.

Is there a current restraining or court order pertaining to this student?  Yes  No

**Note:** If there is a current court order limiting the parental access of a non-custodial parent, you must provide us with a copy of the order before we can limit that parent's access to the student.

**7. Parent/Guardian Information.**

**First Emergency and Attendance Parent/Guardian Contact**

Last Name	_____	Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	_____	Living with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	_____	Migrant Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	_____	Materials needed in another language?/What?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	Spoken Language	_____
Mailings Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	_____
<input type="checkbox"/> Use Student Address <input type="checkbox"/> Use this Address →	_____	Occupation	_____
		Work Phone	_____
		Email	_____

**Second Emergency and Attendance Parent/Guardian Contact**

Last Name	_____	Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	_____	Living with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	_____	Migrant Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	_____	Materials needed in another language?/What?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	Spoken Language	_____
Mailings Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	_____
<input type="checkbox"/> Use Student Address <input type="checkbox"/> Use this Address →	_____	Occupation	_____
		Work Phone	_____
		Email	_____

**Third Emergency Parent/Guardian Contact**

Last Name	_____	Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	_____	Living with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	_____	Migrant Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	_____	Materials needed in another language?/What?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____o
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	Spoken Language	_____
Mailings Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	_____
<input type="checkbox"/> Use Student Address <input type="checkbox"/> Use this Address →	_____	Occupation	_____
		Work Phone	_____
		Email	_____

**8. Parent/Guardian Military Service Information**

A Parent or Guardian was a member of the Armed Forces on active duty or full-time National Guard  
Please indicate which parent(s)/guardian(s)

Mother: Yes \_\_\_\_\_ No \_\_\_\_\_                      Father: Yes \_\_\_\_\_ No \_\_\_\_\_

Guardian: Yes \_\_\_\_\_ No \_\_\_\_\_

This should be marked Yes if **at any time during the 2021-22 School Year**, the parent/guardian who was a member of the Armed Forces on active duty or full-time National Guard.

- **This includes parent(s) are deployed; full time Army, Navy, Air Force, Marine Corps, or Coast Guard**
- **Full Time National guard members**
- **Active Duty Reserves (called to active duty for at least 180 days)**

**9. Other Student Emergency Contacts. Parents/Guardian listed on previous page will be contacted first.**

***Emergency Contact***

Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

First Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

***Emergency Contact***

Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

First Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

**10. Student Medical Information.**

Allergies and Health Conditions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Life Threatening?

- Yes     No  
 Yes     No  
 Yes     No  
 Yes     No

Do you need a Medication Form?     Yes     No

***Permission for Medical Transport***

I authorized school personnel to arrange for ambulance transportation and give permission for emergency personnel and the hospital of my choice, under the supervision of the attending physician, to treat my child in an emergency situation when I cannot be located.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**11. Parent Authorizations and Information Release.**

Banks School District respects and protects the privacy of all student education records and requires your permission and authorization for these student events and resources. Please select the restrictions below if you do not want us to release your student's information in accordance with the Family Educational Rights and Privacy Act (FERPA) and provide access to these events and resources.

**Restrictions:**

- Exclude from Photo Release  Yes
- Exclude from Military Recruitment  Yes
- Exclude from College Recruitment  Yes
- Exclude from Directory  Yes
- Exclude from Displaying Work  Yes
- Exclude from Newspaper  Yes
- Exclude from Television/Radio  Yes
- Exclude from Yearbook  Yes
- Exclude from Website  Yes

**Permissions: Please select if you want your student to have access to these events and resources**

- Field Trip  Yes
- Transport  Yes
- Walk Home  Yes
- Ride Bike  Yes
- Re-Screen Hearing  Yes
- Provide access to Internet and BanksK12 Cloud Services  Yes

**12. Home Language Survey**

Home Language Survey Date \_\_\_\_\_

**13. Student Program Eligibility.**

Please select the programs your student participated in at their previous school district.

- |  |   |
|--|---|
| Special Education (IEP) <input type="checkbox"/> Yes | Title VII-A Indian Education <input type="checkbox"/> Yes |
| 504 Plan <input type="checkbox"/> Yes                | Title I-C Migrant Education <input type="checkbox"/> Yes  |
| Title 1 Reading <input type="checkbox"/> Yes         | Title X McKinney-Vento <input type="checkbox"/> Yes       |
| Talented and Gifted <input type="checkbox"/> Yes     | English Language Learner <input type="checkbox"/> Yes     |

**14. Parent Signature.**

- o My signature affirms that the information I entered on this Student Enrollment Form is true.
- o I understand that my child could be removed from the Banks School District immediately if my residence address or any other information I provide is not accurate.
- o I will update my student's Main Office with changes to this information promptly during the school year.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Office Use Only**

Student ID Number		Teacher Name	
Enrollment Date		Graduation Year	
Entry Code		Grade 9 Entry Date (HS)	
Birth Date Verified		Court Order Received	