

BELOIT JUNIOR/SENIOR HIGH SCHOOL

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|--|--|---|
| Student's Full Legal Name: | | |
| Mailing Address: | | |
| City: | State: | Zip: |
| Home Phone: | Student's Email Address: | |
| SSN: | Grade: | DOB: |
| Previous School Name: | | Current IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has the Student ever attended Beloit Schools: <input type="checkbox"/> NO <input type="checkbox"/> YES | | If YES, years attended: |
| Has the Student ever attended school out of state: <input type="checkbox"/> NO <input type="checkbox"/> YES | | If YES, re-entry date to KS Schools: |
| Do you live more than 2.5 miles from school? <input type="checkbox"/> NO <input type="checkbox"/> YES | | If YES, how many miles? |
| Will the student ride a bus? <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| Race and Ethnicity: (NOTE: Both Part A and Part B of the question MUST be answered.) | | |
| Part A: | Is this student Hispanic/Latino? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, check the one that best applies: <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South or Central American <input type="checkbox"/> Other Spanish culture or origin, regardless of race | |
| The above part of the question is about ethnicity, no race. No matter what you selected above, <u>please continue to answer the following</u> by marking what you consider your student's race to be: | | |
| Part B: | What is the student's race? (Choose one or more) <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North & South America including Central America and who maintain tribal affiliation or community attachment) <input type="checkbox"/> Asian (A person having 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 Phillipine Islands, Thailand, and Vietnam) <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa) | |
| On which date did your child first enroll in school in the USA? | | |
| What language did your child first learn to speak/use? | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other | |
| What language does your child most often speak/use at home? | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other | |
| What language do you most often speak/use with your child? | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other | |
| What language do the adults at home most often speak/use? | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other | |
| FIRST Family/Guardian Name(s): | | |
| Home Address: | | |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: | Work Phone: |
| Employer: | | |
| Email Address: | | |
| SECOND Family/Guardian Name(s): | | |
| Home Address: | | |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: | Work Phone: |
| Employer: | | |
| Email Address: | | |
| EMERGENCY Contact Information: In the event we cannot contact the parent/guardian, please provide the name of a relative or close friend. | | |
| Name: | Relationship to student: | |
| Home Phone: | Cell Phone: | Work Phone: |
| Doctor: | Phone: | |
| Dentist: | Phone: | |

I attest that the information contained herein is correct to the best of my knowledge.

(Legal Parent/Guardian Signature)

(Date)