

# NEW Student Enrollment /Emergency Information 2018-19 Somerset Independent Schools

**ENROLLMENT  
DATE:** \_\_\_\_\_

Legal Name of Student (Please Print) \_\_\_\_\_  
(Last) (First) (Middle) Suffix (Jr., III, etc)

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female SS# \_\_\_\_\_

Student Address: (Street) \_\_\_\_\_ (Apt #) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ Home Phone \_\_\_\_\_

Birthplace / Country: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: **PO BOX ONLY** \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Ethnicity:** Is your child Hispanic/Latino:  Yes  No Is your child  Immigrant  Refugee: (Country) \_\_\_\_\_

**Student Race:**  White  Black or African American  Asian  Native Hawaiian or other Pacific Islander

(Check all that apply)  American Indian or Alaskan Native

Has your child been retained?  Yes  No If so, grade repeated \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Enrollment Date of Last School Attended: \_\_\_\_\_

Last Date Attended: \_\_\_\_\_ School Telephone #: (\_\_\_\_) \_\_\_\_\_

School Address: (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

**Race/Ethnic Group Categories**

- White (not Hispanic)-A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black/African American (not Hispanic)-A person having origins in any of the black racial groups of Africa
- Hispanic/Latino-A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race
- Asian-A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- Pacific Islander-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaskan Native-A person having origins in any of the original peoples of North & South America and who maintains culture identification through tribal affiliation or community attachment.

**PARENTS OR GUARDIANS LIVING AT SAME ADDRESS AS STUDENT**

Legal Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Relationship to Student: \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Relationship to Student: \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**SCHOOL AGE SIBLINGS LIVING AT SAME ADDRESS AS STUDENT**

Legal Name: \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Somerset Ind. School: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Somerset Ind. School: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Somerset Ind. School: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Somerset Ind. School: \_\_\_\_\_

PLEASE COMPLETE **ONLY** IF MAIL NEEDS TO BE SENT TO A PARENT/GUARDIAN LIVING AT AN ADDRESS DIFFERENT THAN STUDENT:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE # \_\_\_\_\_ RELATION TO STUDENT \_\_\_\_\_

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the school within two (2) weeks when residency has changed. Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in: a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate this student; and c) civil action resulting from fraud, negligent misrepresentation and negligence.

Signature of Parent/Guardian/Caregiver \_\_\_\_\_ Date \_\_\_\_\_

**Student Name** \_\_\_\_\_

**SPECIAL SERVICES**

Does this student have special needs, or receive special education services?  Yes  No

Does this student have a 504 plan?  Yes  No

Has this student been formally identified as: Gifted/Talented?  Yes  No ESL?  Yes  No Migrant?  Yes  No

**MEDICAL INFORMATION**

List and identify problems and/or medical conditions (such as allergies and/or allergies to medications): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Per state regulation, any student with a health condition (such as asthma, allergies, diabetes, seizures, etc.) must have a "Primary Care Authorization" form on file. For more information or to obtain a form, please contact the school Nurse or Health Clerk.

An "Authorization to Give Medication" form must be on file for any medication to be given to a student during the school day.

Legal Name of Student (Please Print) \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First) (Middle)

**EMERGENCY INFORMATION**

IN AN EMERGENCY, if parent/guardian cannot be contacted, please call and/or release my child to one of the following:

**IN ORDER FOR THE SAFETY OF YOUR CHILD A BIRTHDATE IS REQUIRED TO INSURE POSITIVE IDENTIFICATION FOR PICKUP**

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_  
 Home  Work  Cell

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_  
 Home  Work  Cell

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_  
 Home  Work  Cell

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_  
 Home  Work  Cell

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_  
 Home  Work  Cell

If there is anyone NOT ALLOWED access to this student, list their name and relationship: (Legal documentation MUST be provided to the school.)

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_

The school is not responsible for students authorized by parent to leave school during school hours or for students in elementary and middle school authorized by parent to privately return to their homes after school.

**If there are changes made during the year, please contact the school office IMMEDIATELY.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Information entered in Infinite Campus \_\_\_\_\_  
DATE

BY: \_\_\_\_\_ School Personnel

**2018-19**  
**EMERGENCY INFORMATION**

ATTENDANCE INFORMATION  
SOMERSET INDEPENDENT SCHOOLS  
MEECE MIDDLE SCHOOL  
2018-19

**TRUANCY DEFINED:** Any student who has attained the age of six (6), but has not reached his/her eighteenth (18) birthday, who has been absent from school without valid excuse for three (3) days or more, or tardy without valid excuse on three (3) days or more, is a truant.

Any student enrolled in a public school who has attained the age of eighteen (18) years, but has not reached his/her twenty-first (21) birthday, who has been absent from school without valid excuse for three (3) or more days, or tardy without valid excuse for three (3) or more days, is a truant.

Any student who has been reported as a truant two (2) or more times is a habitual truant and is subject to truancy charges being filed with Family Court or the office of the County Attorney.

**TARDIES:** Any time a student arrives to school after 8:07 or leaves before 3:07 he/she is tardy. A parent must sign the student in or out of school in the front office. A written excuse is required when the student is tardy. The note must be presented within three days of the tardy and be for a valid reason as stated in the Code of Conduct, Absences and Excuses.

**ABSENCES:** A written excuse must be presented within three days of the student's absence and must be for a valid reason as stated in the Code of Conduct, Absences and Excuses.

**NOTES REQUIRED:** Parent notes will be accepted for five absences each semester and must be for a valid reason as stated in the Code of Conduct, Absences and Excuses.

Doctor notes will be accepted for the time required to complete the appointment. Doctor notes will be accepted for the date of the appointment and beyond as stated by the doctor.

**MAKE UP WORK:** Students having excused absences or tardies shall be allowed to complete make-up work. It is the student's responsibility to contact the appropriate teacher regarding make-up assignments.

**SCHEDULED SCHOOL CLOSINGS AND HOLIDAYS:** When Somerset Schools are scheduled in the board approved calendar to be closed, no student will be excused the day before or the day after the scheduled closing unless he/she presents a doctor's excuse or there is a death in the immediate family.

PLEASE REFER TO THE CODE OF CONDUCT FOR COMPLETE ATTENDANCE POLICIES AND PROCEDURES.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION CONCERNING ABSENCES AND TARDIES.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Homeroom Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature