

New Student Registration
Irene-Wakonda School District, Irene, SD 57037
(For School Use Only)

IMPORTANT: Please complete all information on both sides

Enrollment Date: _____ Grade: _____

Student Name: _____ Nickname: _____
Last (legal) First (real) Middle Initial

Gender: ☐ Female ☐ Male SS# _____ Birthdate: _____

Address: _____ County: ☐ Clay

City: _____ ☐ Turner

Home Phone: _____ ☐ Yankton

Place of Birth: _____

REQUIRED ETHNICITY REPORTING: (To meet Federal requirements, answer BOTH Questions)

- 1) **Are you Hispanic or Latino?** ☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
- 2) **What is your race?** (Regardless of how you answered the first question, choose one or more).
- ☐ **Am. Indian or Alaska Native** (origins in any of the original peoples of North and South America, including Central American, and who maintains tribal affiliation or community attachment)
- ☐ **Asian** (origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand and Vietnam)
- ☐ **Black or African American** (origins in any of the black racial groups of Africa)
- ☐ **Native Hawaiian, Other Pacific Islander** (origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- ☐ **White** (origins in any of the original peoples of Europe, Middle East, or North Africa)

Language Survey (To meet State requirements, all questions must be answered):

- 1) What is the language most frequently spoken at home? _____
- 2) Which language did your child learn when he/she first began to talk? _____
- 3) What language does your child most frequently speak at home? _____
- 4) What language do you most frequently speak to your child? _____

With Whom Living: Both Parents (☐) Father (☐) Mother (☐) Other _____

Request duplicate mailings for non-custodial parent: yes (☐) no (☐) If yes, complete address information.

Mother's Name: _____ **Home Phone:** _____

Home Address (if different): _____

Employed by: _____ **Work Phone:** _____

E-Mail: _____ **Cell Phone:** _____

Father's Name: _____ **Home Phone:** _____

Home Address (if different): _____

Employed by: _____ **Work Phone:** _____

E-Mail: _____ **Cell Phone:** _____

*****Must be completed*****

Emergency Contact (not parent): _____

Home Phone: _____ **Work Phone:** _____

E-Mail: _____ **Cell Phone:** _____

(OVER)

[illegible]

Sibling/Other Relation Information:

Brothers' Names	Date of Birth	Sisters' Names	Date of Birth	Names of Others Living in Home	Relationship to Student

Prescription Medication: No () Yes () _____

Any Allergies? :

******Any medical concerns should be brought to the attention of the School Nurse.******

Last School Attended: _____

Address: _____

Dates Attended: _____ through _____
(MM/YY) (MM/YY)

Has your student been on an IEP/504 or been tested for special services? _____ Yes _____ No

If yes, is he/she currently receiving special services? _____ Yes _____ No

Other Schools Attended: _____

Has this student ever attended Irene-Wakonda Schools before? _____ Yes _____ No

Non Resident? Yes No **Open Enrollment Approval Date:** _____

To meet State/Federal requirements, the following sections must be completed:

Address Information:

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. If yes, is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

Migrant Worker Information:

Did you move to Irene-Wakonda to seek or obtain agricultural-related employment? _____ Yes _____ No

Please specify: _____
(If yes, please complete a **Certificate of Eligibility** form provided by the school office.)