

Oelrichs School District 23-3 Student Enrollment Form

TO BE FILLED OUT BY THE LEGAL PARENT OR GUARDIAN. This form becomes a part of the student's record and must be signed by the legal parent or guardian. New Students entering Oelrichs School District for the first time must present a certified copy of their birth certificate (SDCL 13-27-3.1), immunization records, proof of residence or open enrollment form.

Student's Last Name (as it appears on birth certificate):	First Name:	Middle Initial	Birth Date ____/____/____ M D Year	Sex ____Male ____Female	Grade Level for new school year
SSN	Place of Birth	Any Medical Condition(s) or Medications or Allergies?		Ethnicity ____White ____Asian ____Black ____Hispanic ____American Indian/Alaskan ____Native Hawaiian ____Other	
Does this student require any of the following services? ____IEP ____EL ____504 Plan ____OT/PT ____Speech/Language ____Homeless					
Legal Parent/Guardian Name:				Relationship to Student	
Student Lives with? ____Both Parents ____Father ____Mother ____Grandparent ____Guardian ____Foster ____Homeless ____Other					
Home Phone	Work Phone	Cell Phone		Main Language Spoken in Household* *If not English, please see the Superintendent for additional information	
Physical Address				Mailing Address (if different)	
Street and Number		City	State	Zip Code	
Email Address:					
Place of Employment (Legal Parent or Guardian)					

PREVIOUS SCHOOL ATTENDANCE:

Please list all schools previously attended to include location and address. Include homeschool if necessary.

MIGRANT WORKER INFORMATION:

Did you move to this area to seek or obtain agricultural employment? ____Yes ____No

If yes, please complete a Certificate of Eligibility Form provided by the school office.

PHYSICAL ACCOMMODATION:

Does your student require any type of physical accommodation? If yes, provide a brief explanation.

EMERGENCY INFORMATION:

It is the responsibility of the legal parent or guardian to always keep their address and phone number current. You will also receive messages via School Reach about important messages and announcements.			
It is District to provide emergency health care for students when necessary during their attendance at school, school activities or events, and to release necessary information requested in connection with the provision of such care. Responsibility for payment of ambulance, physician, and/or hospital expenses is that of the legal parent or guardian. If the legal parent or guardian cannot be reached, contact:			
Name:	Relationship	City/State	Phone
Name:	Relationship	City/State	Phone
For medical treatment, contact:			
Physician	Clinic	City/State	Phone
Hospital Preference (if any):			

NÓTIFICATIONS/ AUTHORIZATIONS:

Please initial next to the following items to indicate you have read and understand to each of the notifications and authorizations.

____ ***PRESCRIPTION MEDICATION** I understand that the Oelrichs School District (OSD) is not allowed to dispense medication of ANY kind without a signed permission slip and is not allowed to provide any medication(s). I also understand that should my child need a medication, prescription and / or over the counter, I must provide this medication in its original container and, if over the counter, unopened. Any medical concerns regarding my child shall be brought to the attention of the medically certified staff of OSD.*

____ ***MEDICAL CONSENT** I hereby consent to any medical services that may be required while my child is under supervision of an employee of the OSD while on a school sponsored activity and hereby appoint said employee to act on my behalf, in securing necessary medical services from any duly licensed physician or osteopath.*

____ ***MEDIA** It is the policy of OSD to permit the media to photograph or film group shots of students in hallways and /or classrooms. Consent is hereby granted to the school district for use of photographs, slides, and television participation involving my child individually. These may appear in various publications, presentations, and/or showing on television of such programs as are participated in by my child.*

____ ***FIELD TRIPS** I understand that trips and excursions will be taken to places in town and out of town from time to time during the school year for educational purposes. Unless I advise the teacher in writing in the case of a particular proposed trip, it is my desire that my child shall take such excursions and trips. The teacher shall exercise due care and caution in providing for the safety of his/her pupils while on such excursions.*

____ ***INTERNET ACCESS** The purpose of the OSD's network and the internet are to provide additional educational resources and communication for students and teachers. The district shall make every effort to restrict access to inappropriate materials. I understand that the use of District technology is a privilege, not a right, and the District can withdraw this privilege. The District shall not be liable for the content or viewing of materials not prepared by the District.*

____ ***COUNSELING SERVICES** Individual student counseling services are offered to any student in grades PK-12. As the below signed parent/legal guardian, I understand and agree to my child's right to receive in-school counseling services in the following areas: social, academic, behavioral, career, and/or personnel, as deemed necessary.*

____ ***DIRECTORY INFORMATION** Per FERPA guidelines, this is a notification that we may disclose directory data (parent's name, student's name, addresses, family members, phone numbers, e-mail addresses, and date and place of birth, attendance dates, grade level, enrollment status) without the consent of a parent/guardian. You have a right to refuse the release of this data. This data is usually requested by military services, colleges, Johnson O'Malley (if applicable), and school function committees (student*

council, booster clubs, etc.). Data is NOT released to "for profit" organizations/businesses. Further information about FERPA can be found on the District website.

____STUDENT HANDBOOKS we have received the appropriate handbooks for our students).

Signature of Legal Parent or guardian:

*Date:*_____

Annual Non-Discrimination Notification

Oelrichs School District is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, and sexual orientation.

Harassment of an individual or group on the basis of race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, and sexual orientation, has no place in a learning or work environment and is prohibited.

Oelrichs School District will provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Oelrichs School District will provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you believe that Oelrichs School District has failed to provide these services or discriminated in another way on the basis of race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, and sexual orientation, you can file a grievance in person or by mail, fax, or email with the following:

Nondiscrimination Coordinators:

Title IX Coordinator

Darla Peterson
214 W. 7th Street
Oelrichs, SD 57763
Darla.peterson@k12.sd.us
605-535-2631

504 Coordinator

Heather Hunsaker
214 W. 7th Street
Oelrichs, SD 57763
Heather.hunsaker@k12.sd.us
605-535-2631

Title VI Coordinator

Mitchell Stone

214 W. 7th Street

Oelrichs, SD 57763

Mitchell.stone@k12.sd.us

605-535-2631

You can also file a civil rights complaint with the following:

Regional Director

U.S. Department of Education

Office for Civil Rights

One Petticoat Lane

1010 Walnut Street, 3rd floor, Suite 320

Kansas City, MO 64106

Telephone: 816-268-0550

FAX: 816-268-0599

TDD: 800-877-8339

Email: OCR.KansasCity@ed.gov