

BLAIR SCHOOL ENROLLMENT FORM

Student Information

Social Security Number: _____ Grade: _____ Gender: ___M ___F

Student's Full Legal Name: _____
(First) (Middle) (Last)

Birthdate: _____ Birthplace: _____ Birth Certificate: ___Y ___N
(Month/Day/Year) (City/State)

Physical Address: _____
(Address) (City) (Zip)

Mailing Address SAME as Physical Address? ___Yes (If not, please complete mailing address information)

Mailing Address: _____
(Address) (City) (Zip)

Home e-mail: _____ Student Cell Phone: (____) _____ (if applicable)

Last School Attended: _____
(Name of School) (City/State)

Special Education:

Is your child on an IEP? ___Yes ___No

Race: (choose all that apply)

Ethnicity: (choose only one)

- What is the student's race?
___ American Indian or Alaskan Native
___ Asian
___ Black or African American
___ Pacific Islander or Native Hawaiian
___ White

- Is the student Hispanic/Latino?
___ No, not Hispanic/Latino
___ Yes, Hispanic/Latino

Transportation:

How will your child get home daily? ___Bus Rider ___Car Rider ___Walker

My child can go on school sponsored field trips: ___Yes ___No

Parent/Guardian Information:

Is address the same as students? ___Yes ___No (If not, please complete address information)

Father/Guardian: _____
Phone Number: (____) _____
Address: _____
City/St/Zip: _____
Place of Employment: _____
Work Phone: _____

Mother/Guardian: _____
Phone Number: (____) _____
Address: _____
City/St/Zip: _____
Place of Employment: _____
Work Phone: _____

Step Father's Name: _____
Phone Number: (____) _____
Place of Employment: _____
Work Phone: _____

Step Mother's Name: _____
Phone Number: (____) _____
Place of Employment: _____
Work Phone: _____

Please indicate with whom the student lives: ___Parents ___Single Mother ___Single Father ___Grandparents ___Mother & Step Father
___Father & Step Mother ___Foster Parents ___Other _____

BLAIR SCHOOL ENROLLMENT FORM

Emergency Contacts:

In case of an emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact. These contacts are also able to pick student up from school.

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Health Information:

Doctor's Name: _____ Phone Number: _____ Hospital: _____

Does the student have any major health problems or take medication on a regular basis? ___ Yes ___ No

If so, please explain: _____

K-12 Student Accident Insurance

Although the school system assumes NO financial responsibility for medical costs of any accident occurring to a student while participating in a sport or other school activities, a special accident insurance policy underwritten by Nationwide Life Insurance Company is available should you wish to purchase it. If you have other insurance, student accident insurance can help with deductibles and copays.

If you feel you have adequate insurance and do not wish to participate, please initial here: _____

Acceptable Use & Internet Safety Policy

I have received a copy of the Acceptable Use & Internet Safety Policy. I have read the policy and agree to abide by the rules in the policy. I understand that any violation could result in loss of networking privileges, school disciplinary action, and/or appropriate legal action.

User/Student Signature: _____

Parent/Guardian Section

I have read and understand the Acceptable Use and Internet Safety Policy. I understand that Blair Public Schools will take reasonable precautions to limit access to offensive material. I realize, however, that it is not possible to completely prevent access to such material. I understand that loss of networking privileges, disciplinary action, and/or appropriate legal action may result if this policy is violated. I accept responsibility for providing guidance to the above student on the computer network including the Internet. I grant permission for the above student to access Blair Public Schools computer network including the Internet. I hereby release Blair Public Schools from liability in the event that my child acquires offensive material through use of the computer network including the Internet.

Parent/Guardian Signature: _____

Permission for Photo & Videoing Students

During the course of the school year, there are newspaper articles, school website articles and videos, celebrations, and other promotions that include students' pictures. Do you, the parent/guardian, give permission for your child to have his/her pictures published in the newspaper, school website, or other publications used by the school?

Please check one:

____ Yes, I agree that my child may have their picture published in a newspaper, website, video or other publications used by the school

____ No, I do not want my child's picture published

Parent Authorization for dispensing Parent Supplied Medications

I give my consent and authorize the school authorities to: (check all that apply)

- Administer a non-prescription medication that I am herby supplying you. The medication is to be administered in accordance with the attached written instructions from the child’s physician. **(parent supplied)**
- Administer a prescription medication that I am supplying you. The medicine is to be administered in accordance with the instructions on the label. **(parent supplied)**
- Administer a prescription medication that I am supplying you. The medication is to be administered in accordance with the attached written instructions from the child’s physician. **(parent supplied)**

I understand that under state law, the board, the school district, or employees of the school district will not be liable to the student or the student’s parent or legal guardian for civil damages for any personal injuries to the student which will result from acts or omissions of school employees in administering the medicine I have herby authorized.

Parent Authorization for dispensing Non-Prescription Medications (please initial)

If my child is injured or becomes ill at school, I hereby authorize school personnel to administer non-prescription medicine to my child in the event that I cannot be contacted to give my consent to administer the medication.

Blair School Corporal Punishment (please initial your choice)

- Yes, I agree that Blair School may use corporal punishment to discipline my child.
- No, I do not want corporal punishment as a form of discipline for my child. I agree to pick up my child immediately from school if there is a discipline problem.

Blair School Handbook (please Initial)

I understand that I have access to the Blair School Handbook online at www.blairschool.org or I may ask for a printed copy.

5th, 6th, 7th, and 8th Grade Parents ONLY

1. The student must pass both semesters of math. (60 or above)
2. The student must pass both semesters of English (60 or above)
3. The students must pass either both semesters of history or both semesters of science.(60 or above)
4. The student must have an overall average (all classes combined) of a 60 or higher.
5. A student’s age may be a determining factor in the above situations.

Parent Signature

Date