

157-2102012

**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: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parents Marital Status: \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Widowed \_\_\_Single

**Sibling/Other Relation Information:**

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

Family Doctor: \_\_\_\_\_

Prescription Medication: No ( ) Yes ( ) \_\_\_\_\_

Any Allergies? : \_\_\_\_\_

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

**School Information (must be completed):**

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.)