



# USD #466 NEW STUDENT APPLICATION

This form must be completely filled out and returned to the appropriate school office before the student can attend. Parents/Guardians will then get an online enrollment account and complete the remaining enrollment process online.

## Student's Information

Student's Legal Name: (First, Middle, Last)		Grade Student will be in:	
Gender: Male Female	DOB: ____/____/____	SSN (if available): ____/____/____	
Place of Birth: (City, State, & Country)	Most recent Date of Entry in US: ____/____/____		
	First Date of Entry into the state of Kasas: ____/____/____		
Race: American Indian Asian Black Native Alaskan Native Hawaiian or Other Pacific Islander White		Most recent Date of Entry into the state of Kansas: ____/____/____	
Hispanic: Yes No	Does student have an IEP or 504? Yes No	Is Student Gifted? Yes No	
Name of Previous School Attended:		Location: (city & state)	
Does student have any significant health needs? Yes No If so, explain below.			

## Parent/Guardian Information (*adults must reside at the same address as student*)

(1) Parent/ Guardian Name:		Relationship to Student:	
Address:		State:	Zip:
Active Email: ( <b>must have to complete online enrollment</b> )		Home Phone:	Cell Phone:
Employer:		Work Phone:	

(2) Parent/ Guardian Name:		Relationship to Student:	
Address:		State:	Zip:
Active Email:		Home Phone:	Cell Phone:
Employer:		Work Phone:	

Will student participate in band? (*5<sup>th</sup>-12<sup>th</sup> Grade ONLY*) Yes No

Does student have any siblings that attend Scott County Schools? Yes No  
(*If Yes, please list ALL sibling's name and grade*)

Emergency Contacts (*give at least two emergency contacts and their phone numbers*)

Name (First & Last)

Phone Number

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