

# HESSTON USD 460 ENROLLMENT & MEDICAL FORM

## Student Demographic Information

Date: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

**LEGAL Student Name:** (Last, First, Middle)

Preferred Name: \_\_\_\_\_ Home Phone w/ Area Code \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residential Address: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_

Race/ Ethnicity: (Two-Part Question)

(1) Is the student Hispanic/Latino? (Choose only one)

No, not Hispanic/Latino  Yes, Hispanic/Latino

(2) What is the student's race? (Choose one or more)

American Indian or Alaskan Native

Asian

(A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.)

(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American

Native Hawaiian or other Pacific Islander

(A person having origins in any of the black racial groups of Africa.)

(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

## Primary Household Contact Information

Parent / Guardian: \_\_\_\_\_

Name of Contact \_\_\_\_\_ Relation to Student \_\_\_\_\_ Employer \_\_\_\_\_ City of Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Secondary Household Contact Information

Non-Custodial Parent/Spouse: \_\_\_\_\_

Name of Contact \_\_\_\_\_ Relation to Student \_\_\_\_\_ Employer \_\_\_\_\_ City of Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone w/ Area Code: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone w/ Area Code: \_\_\_\_\_

## Emergency Medical and Contact Information

Complete this area to enter an additional contact in case of emergency when a parent cannot be reached - **MUST BE WITHIN A 60 MILE RADIUS OF HESSTON USD 460**

Name of Emergency Contact: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_

Emergency Contact Work Phone: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Medical Notes: (medical history school should be aware of, medication currently being taken)

Description \_\_\_\_\_

General Comments \_\_\_\_\_

I hereby give consent for transportation to a doctor's office or hospital emergency room for medical treatment of an illness or injury occurring during school hours/activities as deemed necessary by emergency personnel, physicians or school authorities I understand that this authorization will only be activated when I cannot personally be contacted to provide immediate treatment for my child.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Miscellaneous Information

Home School \_\_\_\_\_

District: \_\_\_\_\_ Residence 2 or more miles away from Hesston USD 460?

Special Needs: (learning disabilities, physical impairments, IEPs, etc.) \_\_\_\_\_

Transportation / Parking Information

High School Only

Make	Model	Color	Plate Number
Main Vehicle			