



School District of Monroe

Student Enrollment/Withdrawal Form

To enroll a student please note you will need to show a parent/guardian picture ID, the child's birth certificate and proof of residency. Examples of proof of residency are a current utility, cable or phone bill or current lease contract.

Student Legal Name (as it appears on birth certificate):

Verified: ID _____ BC _____ PR _____

Last Name: _____ First Name: _____ Middle Initial: _____

RACE AND ETHNICITY DATA COLLECTION

The school district is required by federal law to ask the following two questions concerning race and ethnicity. Please answer both questions: Is this student Hispanic or Latino? ☐ No ☐ Yes

Select one or more of the following categories that apply to this person (*you must select at least one*):

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | |

ENTRY OR WITHDRAWAL INFORMATION

New students enrolling for the first-time student in public school should check here, ☐ sign the bottom and continue to the back side of the form.

Current School District

_____ Name of School/District	
_____ Street Address	
_____ City State Zip	
_____ School Phone Number	_____ School Fax Number
_____ Last Day of Attendance	_____ Current School Grade

New School District

_____ Name of School/District	
_____ Street Address	
_____ City State Zip	
_____ School Phone Number	_____ School Fax Number
_____ First Day of Attendance	_____ New School Grade

I, the undersigned parent/guardian, give permission to release and send progress reports, transcripts, test results, behavioral records, health records, psychological testing, IEP records, 504 records and other pertinent reports regarding my child to The School District of Monroe. I understand it may take up to a week before my child is enrolled due to providing and obtaining the necessary paperwork to place my child in the proper program. I affirm the information on this form is true and correct. I understand the School District of Monroe will make the final determination of my child's eligibility for enrollment.

Signature: _____

Date: _____

FOR OFFICE USE ONLY & PLEASE INITIAL AFTER DATE:

Admissions by: <input type="text"/>	Requested: <input type="text"/>	Received: <input type="text"/>	Faxed: <input type="text"/>
Spec Ed: <input type="text"/>	Nurse: <input type="text"/>	Sent: <input type="text"/>	SIS by: <input type="text"/>

PLEASE CHECK THE APPROPRIATE BOX IN THE FRONT OF EACH STATEMENT BELOW:

- ☐ No ☐ Yes Student is assigned by social services to a foster home located within The School District of Monroe.
- ☐ No ☐ Yes Are expulsion proceedings pending, is the student currently expelled or has he/has ever been expelled?
- ☐ No ☐ Yes Do you have grades or transcripts to provide to us?
- ☐ No ☐ Yes Do you have immunization records to provide to us?
- ☐ No ☐ Yes Is student currently receiving special education services? Do you have IEP or evaluation report?
- ☐ No ☐ Yes Is student currently receiving 504 services? Do you have copies of IAP?
- ☐ No ☐ Yes Has student applied for open enrollment? Part-time: ☐ Full-time: ☐

BIRTH CERTIFICATE INFORMATION: Please complete the following birth information.

**If your child was born on a military base this is considered USA soil. Input USA, military base in the Country box if applicable. **

City _____ State _____

Country _____ County _____

Mother's Current Name (First & Last) _____

Father's Current Name (First & Last) _____

Parent/Guardian with whom student resides: If your legal guardianship is determined by a court order, please submit a copy of that order. _____

First/Middle/Last Name	Gender	Birthdate	Place of Birth (City, State, Country)	Are these children entering/ leaving/staying in the district.

Statement of NonDiscrimination

No student may be discriminated against in any school programs, activities or in facilities usage because of the student's sex, color, religion, profession or demonstration of belief, race, national origin, creed, pregnancy, marital or parental status, homeless status, sexual orientation or physical, mental, emotional or learning disability. Harassment is a form of discrimination and shall not be tolerated in the district. It is the responsibility of administrators, staff members and all students to ensure that student discrimination or harassment does not occur.



STUDENT REGISTRATION FORM

Student Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Grade: _____ School: _____ Gender: _____

Student lives with (circle all that apply): Father Mother Stepfather Stepmother Other: _____

PART I - REGISTRATION INFORMATION

PARENT/GUARDIAN INFORMATION - PRIMARY RESIDENCE	
Name:	Name:
Home Address: <small>street address, city, state, zip code</small>	Home Address: <small>street address, city, state, zip code</small>
First # to be called in non-emergency messages (picture day, homecoming, etc.):	
Additional Phone numbers for emergency calls:	Additional Phone numbers for emergency calls:
Primary E-mail Address:	Primary E-mail Address:
Employer:	Employer:
Work Phone: Will be called in emergency messages (school closings).	Work Phone: Will be called in emergency messages (school closings).
Legal Custody? _____ Shared Custody? _____ Physical Custody? _____	Legal Custody? _____ Shared Custody? _____ Physical Custody? _____
Married _____ Single _____ Separated _____ Widowed _____ Divorced _____	Married _____ Single _____ Separated _____ Widowed _____ Divorced _____
PARENT/GUARDIAN INFORMATION - SECONDARY RESIDENCE	
Name:	Name:
Home Address: <small>street address, city, state, zip code</small>	Home Address: <small>street address, city, state, zip code</small>
First # to be called in non-emergency messages (picture day, homecoming, etc.):	
Additional Phone numbers for emergency calls:	Additional Phone numbers for emergency calls:
Primary E-mail Address:	Primary E-mail Address:
Employer:	Employer:
Work Phone: Will be called in emergency messages (school closings).	Work Phone: Will be called in emergency messages (school closings).
Legal Custody? _____ Shared Custody? _____ Physical Custody? _____	Legal Custody? _____ Shared Custody? _____ Physical Custody? _____
Married _____ Single _____ Separated _____ Widowed _____ Divorced _____	Married _____ Single _____ Separated _____ Widowed _____ Divorced _____

(FORM CONTINUED ON BACK) →

Please describe any physical or emotional condition your child has that may require special attention while he/she is in school attendance. This information will be shared with school staff having a direct need to know, so they may modify the classroom or protect the health and safety of your child. Note: Include any food or other allergies.		
Emergency Contacts (other than parents)		
NAME	RELATIONSHIP	DAYTIME PHONE NUMBER
EMERGENCY PHYSICIAN AND DENTIST TO BE CALLED IN CASE OF AN ACCIDENT		
Physician:	Dentist:	
Physician Phone:	Dentist Phone:	

PART II - TECHNOLOGY

I am aware my student(s) will have access to technology/email per board policy (IIBK). I understand that my student(s) shall use District technology, is responsible for complying with the acceptable use policy, and may be subject to appropriate discipline when violating the acceptable use policy. Policy IIBK is available online and will be forthcoming in registration material.

PART III - INFORMATION CHECKLIST – Implied Consent is YES unless the NO box is checked.
Do not need to fill out unless you are indicating NO.
The faculty, staff and administration at schools believe it is important that all parents and students have access to, and are aware of activities, expectations, and policies of our school as well as the District. We also respect the wishes of parents who do not wish to have their child's personal information published in directories or other publications. For that reason we ask that you complete the Information Checklist (Part III) below.

	NO
I will read and discuss the Parent/Student Handbook with my student that will be sent in the back-to-school packet.	
I give permission for my student's name or picture to be used on honor rolls, rosters, and in district or community publications/communications.	
If the school is unable to contact the parent/guardian, I give permission to obtain necessary emergency medical and/or dental care for this student.	
(HIGH SCHOOL STUDENTS ONLY) If requested, my high school student's GPA or ACT scores may be released to colleges/coaches.	
My child(ren) have access to an electronic/digital device at home that does not belong to the School District (laptop, iPad, nook, computer, kindle, etc.).	

PART IV - FIELD TRIP PERMISSION

Throughout the year our students will be taking part in in-district and/or out-of-district field trips. We hope to have your permission to include your child in enrichment activities both in and out of the classroom. To help us maintain accurate records and to assist us in our future planning, we would like to obtain parental permission, which would cover all our scheduled field trips. This will eliminate the need for us to obtain your permission for each separate field trip. Prior to each trip you will be notified of the date and location, as well as any cost involved.

Note to parents of students who regularly take medication: Unless the school office is notified ahead of time, any student who regularly takes medication will receive his/her dose(s) at the appropriate time while participating in these activities.

I, _____, hereby grant permission for my child, _____, to attend any scheduled fi eld trips to be taken under the direction of the school system.

Parent Signature: _____ Date: _____

Is either parent/guardian on active duty in the military?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is either parent/guardian a traditional member of the Guard or Reserve	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is either parent/guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Start Date: _____ End Date: _____



Home Language Survey

Student Information

Date:		
First Name:	Middle Initial:	Last Name:
School Name:	Grade:	Date of Birth: (mm/dd/yyyy)
District:	District ID:	
Language(s) other than English used by student:		

Parent/Guardian Information

First Name	
Last Name	
Relationship to Student	
First Name	
Last Name	
Relationship to Student	

Parental/Guardian preference for languages used for school communications (may be multiple):

Parental/Guardian name: _____

Oral: _____

Written: _____

Parental/Guardian name: _____

Oral: _____

Written: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date of Administration: ____/____/____

Purpose

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

Section 1

1. Was the first language used by this student English?

Yes: Go to Question 2.

No: Go to Question 3.

2. When at home, does this student hear or use a language other than English more than half of the time?

Yes: Go to Question 4.

No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

3. When at home, does this student hear or use a language other than English more than half of the time?

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 4.

4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?

Yes: Administer ELP Screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 5.

5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 6.

6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 7.

7. Is this student a Native American, Native Alaskan, or Native Hawaiian?

Yes: Go to Question 8.

No: Go to Question 9.

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 9.

9. Has this student recently moved from another school district where they were identified as an English Learner?

Yes: Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook Chapter 2. Otherwise, student's ELP should be carried over from the sending district.

No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

Section 2

HLS Result: **Screen** / **Do not Screen** (circle one)