

**Edgemont School District 23-1**

**715 D. Street 605-662-7254**

**New Student Enrollment Information Form**

Thank you for enrolling your student at Edgemont School! Please take a moment to fill in the information below so we can be sure we have a complete database. This helps us to send out mailings to everyone correctly and communicate with you on your student's academic career at Edgemont School.

**Student Data:** Student Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Tribal Enrollment (Tribe and ID Number): \_\_\_\_\_

Answer BOTH questions. Circle answer.

1. Is this student (or are you) Hispanic or Latino? (Choose only one).
  - ☒ 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 the student's (or your) race? (*Regardless of how you answered the first question, choose one or more.*)
  - ☒ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment).
  - ☒ Asian (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 (A person having origins in any of the black racial groups of Africa).
  - ☒ Native Hawaiian or Other Pacific Islander (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).

Grade Enrolled: \_\_\_\_\_ Date Enrolled \_\_\_\_\_

**Household (where student lives)**

Head of Household: \_\_\_\_\_

Household address: \_\_\_\_\_ Mailing Address \_\_\_\_\_

Household phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Student cell number \_\_\_\_\_

e-mail address \_\_\_\_\_

(Land line, cell phones are in a different section as they are tied to the person and not the house in the database)

Members of household:

Father \_\_\_\_\_

Mother \_\_\_\_\_

Brother \_\_\_\_\_

Sister \_\_\_\_\_

Other \_\_\_\_\_

**Student's Relatives (in school and in household or in other households):**

(Name and relation to student)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ form continues on back

**Guardian Contact Information**

Guardian Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Household guardian lives in: \_\_\_\_\_

**Other Mailings** Who else should receive mailings for your student? (Report cards, progress reports, etc)

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**If this person does not live in the household that the student lives in please fill in the household they live in below:**

Head of household: \_\_\_\_\_

Address of household: \_\_\_\_\_

Phone number of household (land line): \_\_\_\_\_

Cell phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

If the student is related to someone in a different household but that person is **NOT** to receive updates or mailings on the student please list that person below:

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

Relationship to Student: \_\_\_\_\_

**\*\*Also include a copy of your child's Medicaid Card if your child will be receiving special services from the school district.**

Thank you for taking the time to fill in these details for our database. A complete database makes it easier to contact everyone involved for the benefit of the student as well as keeping communication between yourself and the school district open.