



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

Enrollment for: \_\_\_\_\_ School Year \_\_\_\_\_

Schools(s): \_\_\_\_\_

Parent/Guardian (please print) Father    Stepfather    Guardian (circle one)		Parent/Guardian (please print) Mother    Stepmother    Guardian (circle one)	
Name:		Name:	
Address:		Address:	
City:	Zip:	City:	Zip:
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Employer:		Employer:	
E-mail address:		E-mail address:	

**ALL Children in the Household (descending birth order):**

Last, First, Middle Initial (please print)	Race (Circle all that apply) Asian, Black/African American, Hispanic, Native American, Pacific Islander, White	Date of Birth	Male/ Female	Grade Entering	Need Bus Transport	Special Health Care Needs *	Receiving Special Services ** (Speech, Early Childhood, Resource Room, ELL, etc.)
	A B H NA PI W				Y/N	Y/N	Y/N
	A B H NA PI W				Y/N	Y/N	Y/N
	A B H NA PI W				Y/N	Y/N	Y/N
	A B H NA PI W				Y/N	Y/N	Y/N
	A B H NA PI W				Y/N	Y/N	Y/N
	A B H NA PI W				Y/N	Y/N	Y/N

\*List Special Health Care Needs, if "Y" above: \_\_\_\_\_

\*\*List Special Services, if "Y" above: \_\_\_\_\_

**Free & Reduced Benefits**

Have you received Free/Reduced benefits in a previous district? Y/N If yes, which one \_\_\_\_\_

**Language**

Is there any language other than English spoken in your home? Y/N If yes, which one(s) \_\_\_\_\_

If "yes", please answer the following questions:

1. What language is spoken in your home most of the time? \_\_\_\_\_
2. What language does your student(s) speak most of the time? \_\_\_\_\_
3. What language did your student learn when they first began to speak? \_\_\_\_\_
4. If not from the United States, what year did you arrive? \_\_\_\_\_
5. Would you like documents sent home translated into your native language? Y/N If yes, which language? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



Harrisburg School District 41-2  
200 Willow Street, PO Box 187  
Harrisburg, SD 57032  
Phone: 605-743-2567

### SCHOOL AUTHORIZATION FOR DISCLOSURE OF INFORMATION

STUDENT NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Previous School/Organization: \_\_\_\_\_

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

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

**PLEASE SEND ALL SCHOOL RECORDS, INCLUDING SPECIAL EDUCATION, FOR THE ABOVE STUDENT TO THE THE HARRISBURG SCHOOL DISTRICT:**

*Please send information to the address checked below:*

**Liberty Elementary**  
200 Willow St.  
Harrisburg, SD 57032  
Phone (605) 743-2567  
FAX (605) 743-2569

**Explorer Elementary**  
4010 W 82<sup>nd</sup> St.  
Sioux Falls, SD 57108  
Phone (605) 743-2567  
FAX (605) 367-4695

**Journey Elementary**  
6801 S Grange Ave  
Sioux Falls, SD 57108  
Phone (605) 743-2567  
FAX (605) 367-0017

**Freedom Elementary**  
1101 Tom Sawyer Trail  
Harrisburg, SD 57032  
Phone (605) 743-2567  
FAX (605) 213-2010

**Endeavor Elementary**  
2401 95<sup>th</sup> St.  
Sioux Falls, SD 57108  
Phone (605) 743-2567  
FAX (605) 271-0410

**Horizon Elementary**  
5800 S Bahnson Ave  
Sioux Falls SD 57108  
Phone (605) 743-2567  
FAX (605) 271-4694

**South Middle School**  
600 S Cliff Ave  
Harrisburg, SD 57032  
Phone (605) 743-2567  
FAX (605) 743-5630

**North Middle School**  
2201 W 95<sup>th</sup> St  
Sioux Falls, SD 57108  
Phone (605) 743-2567  
FAX (605) 275-9140

**High School**  
1300 W Willow St  
Harrisburg, SD 57032  
Phone (605) 743-2567  
FAX (605) 743-9040

Records are released and maintained in compliance with the Family Educational Rights and Privacy Act of 1975 (PL93-3580) (Buckley amendment. Title V. Sec 513-515, pp 88-91). Which states disclosure of educational records to officials of another school system in which the student seeks to enroll does not require a written parental consent.

Any information disclosed to the Harrisburg School District 41-2 or to any employee of the Harrisburg School District 41-2, becomes a part of the student's educational record. Unless specified "confidential" or "not to be released to a third party" material disclosed to the Harrisburg School District 41-2 will be released with the educational record.

\_\_\_\_\_  
Signature of Parent/Guardian/ Eligible Student

\_\_\_\_\_  
Date

**Harrisburg School District Permission Form  
Elementary**

Please read the attached documents, then sign, date and return this form

Print Student Name \_\_\_\_\_

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

Date \_\_\_\_\_

**Student User Agreement**

I have received and reviewed the Harrisburg School District's Acceptable Use Policy and Rules and agree to abide by the Board policy and rules contained therein. I understand that these rules are in force regardless of who owns the device.

Student Signature \_\_\_\_\_

**Google Email:**

- I GIVE MY CONSENT for my student to have a Google for Education Account with a blocked email account

**Student Assignments/Work:**

- I GIVE MY CONSENT for my student's work (papers, videos, etc) to be shared via the internet on a website or wiki. Student's full name will not be shown.
- I DO NOT GIVE MY CONSENT for my student's work to be shared via the internet on a website or wiki.

**Media Appearance:**

- I GIVE MY CONSENT for my child to be in various photographs, slides videos, and television participation. These may appear in various publications, presentations, the Harrisburg School District website, Facebook and Twitter pages and/or showing on television.
- I DO NOT GIVE MY CONSENT for my child to be in any media within the District.

**Field Trip:**

- I GIVE MY CONSENT for my child to go on activity/field trips from time to time during the school year for educational purposes, and that my child may go or remain in school, depending on my wish. Unless I so advise the teacher in writing in the case of a particular proposed trip, it is my desire that my child shall take such excursions and trips. It is understood that I hereby release the teachers and principal of the school from liability for any injury my child may sustain in such trips or excursions and agree to hold said teacher and principal blameless, beyond exercise of due care and caution in the event of any such injury.
- I DO NOT GIVE MY CONSENT for my child to go on activity/field trips.



# HARRISBURG SCHOOL DISTRICT 41-2

## ANNUAL HEALTH RECORD 2016-2017

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ M  F

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Rides Bus: Yes  No

Mother's Name: \_\_\_\_\_ Phone: H) \_\_\_\_\_ C) \_\_\_\_\_ W) \_\_\_\_\_

Email: \_\_\_\_\_ Employer/Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: H) \_\_\_\_\_ C) \_\_\_\_\_ W) \_\_\_\_\_

Email: \_\_\_\_\_ Employer/Occupation: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Sibling's Names and Ages: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please explain any answers checked above: *(Additional paperwork may be required)*

### HEALTH CONDITIONS (check those that apply)

*Bold items will need to have additional forms completed by physician. Please talk with your school nurse.*

- |  |  |
|--|--|
| <input type="checkbox"/> ADD/ADHD  | <input type="checkbox"/> Diabetes                                    |
| <input type="checkbox"/> Allergies ___ Food ___ Medication ___ Other       | <input type="checkbox"/> G.I. Disorder (Stomach/Intestinal)          |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Hearing Impaired Hearing Aid ___ Yes ___ No |
| <input type="checkbox"/> Bone/Muscle/Joint Problems                        | <input type="checkbox"/> Headache/Migraines                          |
| <input type="checkbox"/> Bowel/Bladder Problems                            | <input type="checkbox"/> Head Injury Date: _____                     |
| <input type="checkbox"/> Cardiovascular (Heart/High or Low Blood Pressure) | <input type="checkbox"/> Seizure Disorder                            |
| <input type="checkbox"/> Celiac  | <input type="checkbox"/> Visually Impaired Glasses ___ Yes ___ No    |
| <input type="checkbox"/> Other (Please List) _____                         |  |

Do any health and/or medical conditions require school restrictions, modifications and/or intervention?

YES  NO If YES, please explain:

Does the student require any special procedures and/or treatments for their health condition?

YES  NO If YES, please explain:

Please list any prescription and over the counter medication that your child will need during school day.

MEDICATION	TIME	REASON

**Children K-5** are not permitted to carry and self-administer ANY medications, including cough drops. Exceptions are made for Asthma and Anaphylactic medications. Medication maybe administered from the Health Office with proper Medication Administration Forms. Forms must be completed by parent/guardian and all medications delivered to the school by the parents. Medications must also be in original containers.

**Middle School and High School**

YES  NO I authorize my 6-12<sup>th</sup> grade student to carry and self-administer OTC medication.

YES  NO I understand that no more than (1) days worth of medication may be carried with the student.

*\*Medication may still be administered by trained staff, as long as the Medication Authorization form is completed and signed by parents.*

*\*Students are prohibited from transferring, delivering or receiving any medications to or from another student.*

*\*All violations will result in confiscation of the medication and subject to discipline in accordance with the district's policy.*

*\*Students who use medication for purpose other than for its intended use will be disciplined and will no longer be allowed to carry and self-administer medications.*

*This information will become part of your child's confidential permanent record. If for any reason you do not wish to respond to part(s) of this form you are under no obligation to do so. Please understand that we are not responsible for injury or illness that may be a result of these omissions.*

By signing below I understand that I am giving my permission to share this information with school staff and trained personnel as needed with strict confidentiality maintained by all.

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

**Office use only**

Reviewing Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Individual Health Care Plan
- Medication and Treatment Authorization Form
- Special Diet Request Form
- Other \_\_\_\_\_

- Staff Notified:
- Teacher
  - Bus Driver
  - Nutritional Service
  - SPED
  - Principal
  - Nursing Supervisor



# Harrisburg School District Transportation Registration Form



Family/Household Last Name: \_\_\_\_\_

Residence of:  Father/Mother  Father  Mother  Guardian

Household Address: \_\_\_\_\_

Students to be Transported:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Contact information:  Father  Mother  Guardian

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Contact information:  Father  Mother  Guardian

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

To be completed by Bus Coordinator:

Driver Name: \_\_\_\_\_ Bus #: \_\_\_\_\_

AM Pick-up Time: \_\_\_\_\_ Pick-up/Drop-off Location: \_\_\_\_\_

Household contacted: Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_



## **STUDENT NETWORK USER AGREEMENT**

**and**

## **PARENT PERMISSION FORM**

### **Student**

The Harrisburg school district supports and respects each family's right to decide whether or not to allow their child to apply for access to the Internet.

Access to network services is given to users who agree to act in a considerate and responsible manner. Parent permission is required. Access to Harrisburg School computers is a privilege, not a right.

After reading the Network Acceptable use policy, please complete the form to indicate agreement with the terms and conditions outlined. The Signatures of both the student and parent/guardian are mandatory before access may be granted to the network. This document, which incorporates the Harrisburg school District Network Acceptable Use Policy, reflects the entire agreement and understanding of all parties.

As a user of the Harrisburg School District computer network, I have read and hereby agree to comply with the Harrisburg School District Acceptable Use Policy.

### **Parent**

As Parent/ guardian of the above student, I grant permission for my child to access networked computer services such as the Internet and network resources. I have read and agree to the policy, and I understand that I may be held responsible for violations by my child. I understand that some materials may be objectionable, therefore I agree to accept responsibility for guiding my child, and conveying to him /her appropriate standards for selecting, sharing and or exploring information. I also understand that in collaborative or distance learning projects my child will be viewed by others via the Dakota Digital Network and possibly videotaped and or monitored by state or school personnel.