



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 82nd 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 95th 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 95th 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

High School

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: Usually used in Upper Elementary Grades

- I GIVE MY CONSENT for my student to have a Google for Education Email Account to be used for school assignments and correspondence.
- 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 old 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 6-12th 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

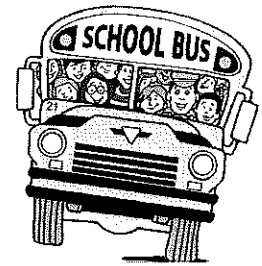
Reviewing Nurse Signature: _____ Date: _____

- Individual Health Care Plan Special Diet Request Form
 Medication and Treatment Authorization 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.