

N A W A Y E E

CENTER SCHOOL

2001 - 2002

Student's Legal: Last Name First Name Middle Name			Start Date:
Student's Address:			Student's Tribal Affiliation:
City:	Zip Code:	County:	Home Telephone:
Student's Birthdate: Month Date Year	Student's Birthplace: City State County		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number:		MPS Student ID Number:	Grade Level:
Parent/Guardian's Legal: Last Name First Name Middle Name			Work Telephone:
Parent/Guardian's Address (if different from student's):		Has this student received special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	Zip Code:	County:	
Emergency Contact Person:	Relationship to Student:	Telephone:	
Last School Attended: Name:		City:	Date Last Attended: State: _____ Month / Year
Other children in the same household:			
First Name	Last Name	Birthdate	Sex School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following information *does not* impact enrollment at Center School. It is strictly confidential and is used to:

- determine students' eligibility for free or reduced lunch and bus token eligibility
- make programming changes to best meet students' needs

FAMILY DATA

Annual Income	Is your family on economic assistance?	Yes	No
_____ \$5,000 - \$10,000	If yes, case number: _____		
_____ \$10,001 - \$15,000			
_____ \$15,001 - \$20,000			
_____ \$20,001 and over			

The name of the clinic/hospital you use: _____

Is the student currently taking any medication? Yes No

If yes, what type: _____

STUDENT DATA

<i>Is the student:</i>			<i>Has the student ever been:</i>		
pregnant	Yes	No	arrested	Yes	No
a parent	Yes	No	placed in a shelter or foster home	Yes	No
currently on probation	Yes	No	been homeless in the last 6 months	Yes	No
employed	Yes	No	on probation	Yes	No
a year or more behind academically	Yes	No	expelled from another school	Yes	No

PARENT/GUARDIAN AUTHORIZATION

As this student's legal parent/guardian, I authorize Center School staff to:

- seek medical care for my child *in case of emergency* and I accept responsibility for any costs incurred not covered by insurance or medical assistance
- take my student on school trips and outings during the year
- disclose confidential information to agencies and persons for school related purposes, I understand that information received or disclosed by the school shall be treated as confidential

Parent/Guardian

Date

Although Center School's scope and intent is culturally specific, no one will be denied services based on race, creed, origin, or sexual preference.