



USD 369 Burrton Schools Enrollment Form

Grade _____

Student Name: _____
Last First Middle Nickname: _____

Birth Date: _____ Gender: _____ SS Number: _____

Country of birth: _____ Living with: both parents / father / mother/foster/other

Is there a language other than English spoken in your home? Yes / No

Race and Ethnicity:	<i>(Note: Both Part A and Part B of the question must be answered)</i>
Part A:	Is this student Hispanic/Latino? (choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B:	What is the student's race? (Choose one or more) <input type="checkbox"/> 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.) <input type="checkbox"/> 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.) <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
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Custodial Parent: _____ **Home Phone:** _____ **Cell Phone:** _____
Employer: _____ **Work Phone:** _____
Spouse: _____ **Home Phone:** _____ **Cell Phone:** _____
Employer: _____ **Work Phone:** _____
Your Street Address (required): _____
Your Mailing Address (if different): _____
Your email address(es) for office and teacher contact: _____

Non-Custodial Parent & Spouse

Name: _____
Mailing Address: _____
Access to Infinite Campus Portal?: Yes / No **Email (if yes):** _____
Receives copies of mailings? Yes / No

Emergency Contact Information

Name (other than parent): _____ **Relationship:** _____ **Home/Cell Phone:** _____
Name (other than parent): _____ **Relationship:** _____ **Home/Cell Phone:** _____
Hospital Preference: _____ **Additional medical information (use back if needed):** _____

Miscellaneous Information

Is student enrolled in band? (5th grade and up) (circle) Yes/No **If yes, what instrument?** _____
If transfer student, list previous school: _____
Is student being served for special needs such as Chapter I or Special Education? (circle) Yes/No **Area:** _____
Bus transportation needed if 2.5 or more miles from school? Yes / No **Please circle:** To school only/ from school only/round trip

Student cell phone #: _____

Parent/Guardian Signature

First Day (office use only) _____ Date _____