

<h2 style="margin: 0;">Ray Public School</h2>	224 2nd Ave W.—PO Box 564 RAY, NORTH DAKOTA 58849	PH: 701-568-3301 FX: 701-568-3302
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Lunch ID # _____	OFFICE	Required Documents for Enrollment:
Bus Route # _____	USE	Birth Certificate _____
State Student ID # _____	ONLY	Immunization Records _____

Please complete this form to:

- *Update student/family information
- *Verify receipt of student handbook
- *Agree to abide by bus regulations

DATE: _____ Current Grade _____

SCHOOL RECORDS for: _____ M / F
Student's Name Date of Birth Gender

Father's Name: _____ Mother's Name: _____
First Last First Last

Primary _____
Physical Address Physical Address (if same, mark "SAME")

Address: _____
Mailing Address (if other than physical address) Mailing Address

City State Zip _____ City State Zip _____

Is student Hispanic or Latino? Y/N

Race: African-American, Asian, Caucasian, Native American, Pacific Islander, Other _____

Previous Schools Attended: _____

School Address: _____ School Telephone: _____ -- _____
City, State, Zip School Fax: _____

Is your child receiving any of the following services: Title _____ Speech _____ IEP _____ Other _____

AlertNow Rapid Communication System Information Required

***The home phone is the primary phone number in which the AlertNow Rapid Communication System will contact the family with information. You may list any phone type (home or cell) you wish in order to receive the AlertNow Communication. 1st two numbers listed below will be contacted with each AlertNow call!!*

Phone(s): _____
Home Phone (AlertNow Primary Phone #1) Type (if listing other than home phone, please document who's phone and type)

_____ Mother's Cell/Home (Primary Phone #2) Type (if listing other than mother's phone, please document who's phone and type)

_____ Father's Cell/Home

Family email: _____
Please list one email only – PowerLunch balances will be communicated through email whenever possible

Employer(s): _____
Father's Employer & Work Phone Mother's Employer & Work Phone

All Rural Families must indicate a storm home at the beginning of each school year:

Storm Home needed: Yes / No (required for all rural students)

Storm Home Residence: _____ Storm Home Phone: _____
Name of homeowner you would be staying with, in the event of a storm Storm home phone

Emergency Contacts:

In case of an emergency such as illness or injury, and parent cannot be contacted, please list someone who we may contact.

_____	_____	Phone: _____	Type: _____
Name	Relationship (if any)		(cell/home/work)
_____	_____	Phone: _____	Type: _____
Name	Relationship (if any)		(cell/home/work)
_____	_____	Phone: _____	Type: _____
Name	Relationship (if any)		(cell/home/work)

Special Medical Information:

If there is any medical or health information (*include any allergies*) for your child that the school and/or classroom teacher should be aware of summarize below.

To be completed by the parent/guardian:

“Administering Tylenol to any student requires prior permission by the student’s parent or guardian. You are giving permission to administer Tylenol to your child. Administering any other non-prescription or prescription medicine, drug or vitamin shall require prior permission signed by a physician and the parent or guardian.”

_____ **Yes**, my child may receive Tylenol from the school.

“There may be times when photographs, audiotapes/videotapes, interviews for school-related media articles may be publicized or posted. You are giving permission to use photographs, audiotapes/videotapes and interviews for school publications”

_____ **Yes**, my child’s photo, audio or videotape, or personal interview and/or work may be publicized or posted.

*“Federal law requires schools to provide **STUDENT DIRECTORY INFORMATION** including students’ names, addresses, telephone numbers and email addresses to **military recruiters and colleges and universities** when requested. You may opt-out from giving permission to release student directory information.”*

_____ I **OPT-OUT** and wish **NOT** to have my child’s student directory information shared.

I, the parent/guardian of the above listed child, certify that the information provided is true and accurate AND certify that I have received a copy of the Ray Public School Handbook.

Signed by: _____

Dated: _____