

Please indicate school

- Spring Hill High School
- Spring Hill Middle School
- Prairie Creek Elementary
- Spring Hill Elementary
- Timber Sage Elementary
- Wolf Creek Elementary
- Woodland Spring Middle



**Spring Hill**  
SCHOOL DISTRICT

913-592-7200 • info@usd230.org www.usd230.org

(Office Use Only)

USD230 ID \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Student Information: (PLEASE PRINT)

Legal Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Preferred name: \_\_\_\_\_

Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Does your child currently have an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP)? Yes  No

Does your child currently have a 504 plan? Yes  No

Have you or a member of your household moved in the last 36 months to do (to apply for or obtain) agricultural or fishing work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work? Yes  No

a) Have your children moved with or to join the worker above in the past 36 months? Yes  No

Is there any language other than English spoken in the home? (If yes, please answer the following questions:) Yes  No

1. What language did your child learn when she/he first began to talk? \_\_\_\_\_

2. What language does your child most frequently use at home? \_\_\_\_\_

3. What language do you most frequently speak to your child? \_\_\_\_\_

4. What is the language most frequently spoken at home? \_\_\_\_\_

5. Please describe the language understood by your child: (Please check only one).

A. \_\_\_\_\_ Home Language only (no English)      B. \_\_\_\_\_ Mostly the home language (some English)

C. \_\_\_\_\_ Some of the home language (mostly English)      D. \_\_\_\_\_ English only

6. Does your student need assistance with English skills (speaking, understanding, reading and writing)? Yes  No

### Race and Ethnicity:

(Note: Both Part A and Part B of the question **must be** answered.)

Part A:

**Is this student Hispanic/Latino?** (Choose only one)

— **No, not Hispanic/Latino**

— **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)

— **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or Community attachment.)

— **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.)

— **Black or African American** (A person having origins in any of the black racial groups of Africa.)

— **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

— **White** (A person having origins in any of the original peoples of Europe, the Middle East, or

School District of Residency \_\_\_\_\_ \*Proof of residency required

Previous School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has the student ever been suspended or expelled? Yes  No

Is the student currently suspended or expelled? Yes  No

Please indicate the year your student started school in Kansas: \_\_\_\_\_

Please indicate the year your student started school in the U.S.: \_\_\_\_\_

Military Connected Student: Not military connected Dependent of Active Duty Dependent of Reserve or National Guard

Student lives with: (CIRCLE ONE) Both Parents Mother Father Guardian Other

Siblings: \_\_\_\_\_

Special Custodial Arrangements: (CIRCLE ONE)\* Yes No

\* IF YES, LEGAL CUSTODY DOCUMENTS MUST BE PROVIDED TO THE SCHOOL.

**Custodial Parent/Legal Guardian Information (Primary Address):**

**Parent/Legal Guardian 1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship\* \_\_\_\_\_

Physical Street Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Tertiary \_\_\_\_\_

HOME CELL WORK HOME CELL WORK HOME CELL WORK  
CONFIDENTIAL/UNLISTED

Mailing address (IF DIFFERENT FROM ABOVE) \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address (for school communication) \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Legal Guardian 2 (with same address as above)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship\* \_\_\_\_\_

Phone Number: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Tertiary \_\_\_\_\_

HOME  CELL  WORK  HOME  CELL  WORK  HOME  CELL  WORK  
CONFIDENTIAL/UNLISTED

Email Address (for school communication) \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Relationship: Mother, Father, Stepmother, Stepfather, Legal Guardian**

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**Non-Custodial or Secondary Parent/Legal Guardian Information:**

SHOULD HOUSEHOLD BELOW RECEIVE ALL COMMUNICATIONS FROM THE SCHOOL (GRADES, SCHEDULES, ETC.)? Yes  No

**Parent/Legal Guardian 3**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship\* \_\_\_\_\_  
Physical Street Address \_\_\_\_\_ PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Tertiary \_\_\_\_\_  
 HOME  CELL  WORK  HOME  CELL  WORK  HOME  CELL  WORK  
 CONFIDENTIAL/UNLISTED

Mailing address (IF DIFFERENT FROM ABOVE) \_\_\_\_\_ PO Box \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address (for school communication) \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Legal Guardian 4 (same address as above)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship\* \_\_\_\_\_  
Phone Number: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Tertiary \_\_\_\_\_  
 HOME  CELL  WORK  HOME  CELL  WORK  HOME  CELL  WORK  
 CONFIDENTIAL/UNLISTED  
Email Address (for school communication) \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Relationship: Mother, Father, Stepmother, Stepfather, Legal Guardian**

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Additional Emergency Contacts in case Parent/Guardian cannot be reached.  
(PLEASE NOTE THAT BY LISTING CONTACTS BELOW THESE INDIVIDUALS ARE ALLOWED TO ASSUME RESPONSIBILITY TO GIVE PERMISSION FOR YOUR STUDENT TO LEAVE SCHOOL FOR AN ILLNESS OR ABSENCE OF ANOTHER NATURE IF A PARENT/GUARDIAN CANNOT BE REACHED.)

**Primary:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone Number: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Tertiary \_\_\_\_\_  
HOME CELL WORK      HOME CELL WORK      HOME CELL WORK  
CONFIDENTIAL/UNLISTED

**Secondary:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone Number: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Tertiary \_\_\_\_\_  
HOME CELL WORK      HOME CELL WORK      HOME CELL WORK  
CONFIDENTIAL/UNLISTED

**Third:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone Number: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Tertiary \_\_\_\_\_  
HOME CELL WORK      HOME CELL WORK      HOME CELL WORK  
CONFIDENTIAL/UNLISTED

**Fourth:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone Number: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Tertiary \_\_\_\_\_  
HOME CELL WORK      HOME CELL WORK      HOME CELL WORK  
CONFIDENTIAL/UNLISTED

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**HIGH SCHOOL STUDENTS ONLY**

**Allow Publication of Student's Name for:**  
Military Use:      Yes       No   
Higher Ed Use:    Yes       No

"Military Use" indicates if the district is allowed to send student information to military.  
"Higher Ed Use" indicates if the district is allowed to send student information to institutions of higher education.  
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