Andes Central School
Registration Information

Child:

Last Name:_____

First Name:_____

Middle:_____

Gender: ❏Male ❏Female Date of Birth___/___/___

District of Residence_____

Social Security#_____

Place of Birth:_____

Please provide a copy of Birth certificate

US Citizen: ❏ Yes ❏ No

If no, indicate citizenship: _____

Address:

Street:_____

City:_____

State_____ Zip Code_____

Phone:_____

**Is mailing address the same? ❏ Yes ❏ No
If No-**

Street:_____

City:_____

State_____ Zip Code_____

Email:_____
Primary for family correspondence

Father:
Name:_____

Address:_____

_____

_____

Home:_____

Work:_____

Cell:_____

Employer:_____

Does child live with this parent? ❏ Yes ❏ No
If No- Should a copy of report cards, mailings or other school information be sent to them? ❏ Yes ❏ No

Mother:
Name:_____

Address:_____

_____

_____

Home:_____

Work:_____

Cell:_____

Employer:_____

Does child live with this parent? ❏ Yes ❏ No
If No- Should a copy of report cards, mailings or other school information be sent to them? ❏ Yes ❏ No

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Parents marital status:

❏ Married   ❏ Separated   ❏Divorced ❏ Widowed

If Separated or Divorced which parent has custody?

❏ Father ❏ Mother ❏ Joint

Siblings:

Name_____ ❏ Brother❏Sister

Name_____ ❏ Brother❏Sister

Name_____ ❏ Brother❏Sister

Are there any custody papers, court orders or protection, or restricted visitation papers? ❏ Yes ❏ No
If yes, legal documentation must be submitted at registration.

Foster parent (DSS-2999 required) If you are a foster parent, name Agency:_____

Social Worker:_____Phone: __(____)_____

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Ethnicity:

❏ White (non-Hispanic)   ❏ Hispanic

❏ African American   ❏ Asian

❏ American Indian/Alaska Native

❏ Native Hawaiian/Pacific Islander

Primary Language_____

Anticipated start date_____

Current Grade:_____

Previous School:_____

Address:_____

_____

_____

Special Educational Needs

Has your child ever been evaluated by the Committee on Special Education (CSE)? ❏ Yes ❏ No

Does your child have an Individualized Education Plan (IEP)? ❏ Yes ❏ No

Does your child have a 504 plan? ❏ Yes ❏ No

Does your child receive extra help in reading, math or writing? ❏ Yes ❏ No

Does your child receive speech, occupational therapy or physical therapy services? ❏ Yes ❏ No

FOR GRADES 9-12 ONLY

No Child Left Behind of 2001 states that schools must comply with a request by a military recruiter for secondary students' names, addresses and phone numbers, unless the parent denies this request in writing. Non-compliance from the school will result in loss of federal funds. Please indicate in writing YES or NO next to the question and sign.

I grant permission to release information to a military recruiter ❏ Yes ❏ No

Signature of Parent/Guardian_____Date _____

This section is intended to address the McKinney-Vento Act 42 U.S.C. 11435. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Is your current address a temporary living arrangement? ❏ Yes ❏ No
   If no- please skip questions #2 & 3
2. **If Yes**, where is student currently living?
   ❏ in a shelter
   ❏ with more than one family in a house or apartment
   ❏ in a motel, car or campsite
   ❏ with friends or family members (other than parent/guardian)
   ❏ other:_____
3. Is this temporary living arrangement due to loss of housing or economic hardship? ❏ Yes ❏ No

_____   _____
Signature of Parent/Legal Guardian   Date

_____   _____
Signature of School Registering Official   Date

OFFICE USE ONLY ID#_____   Grade_____   Entry Date _____   School Year_____

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**PARENTAL CONSENT FOR RELEASE OF EDUCATIONAL INFORMATION FOR
MEDICAID FUNDING**

TERMS, RIGHTS AND RESPONSIBILITIES

By signing this application, I understand and confirm that:

• I have been fully informed in my native language or other mode of communication that the granting of my consent to share information for the purpose of obtaining Medicaid reimbursement for the services provided per my child's individualized education program (IEP) is voluntary and may be revoked at any time and that if I revoke my consent, it does not negate (undo) an action that occurred after my consent was given and before my consent was revoked.

• If I refuse consent to allow use of Medicaid insurance to pay for special education services, the school district must still provide all required special education services at no cost to me.

• The use of Medicaid insurance for special education services will not decrease the available lifetime coverage, increase premiums or lead to the discontinuation of benefits, result in my family paying for services required for my child outside of school that would otherwise be covered by the Medicaid program or otherwise diminish my family's insured benefits under the Medicaid program

• I will not incur an out-of-pocket expense such as payment of a deductible or co-pay amount.

I, _____, as parent/guardian of
    (Print name of parent or person in parental relationship)

_____,
   (Print child's name)

give permission to the public agency (school district, municipality or Medicaid provider) to use Medicaid to pay for IEP services and to such public agency and to each approved private special education school or provider who provides IEP services to my child to disclose information regarding diagnosis and procedure codes for billing Medicaid for services described in my child's IEP and for evaluations in relation to the services; and in the event of an audit, documentation required to support services reimbursed by Medicaid from my child's educational records to local, State and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for covered health-related support services for each services and for each school year in which service is provided as recommended in my child's IEP if my child is or becomes Medicaid-eligible.

I give my consent voluntarily and understand that I may withdraw that consent at any time. I also understand that my child's entitlement to a free and appropriate public education (FAPE) is in no way dependant on my granting consent.

Signature:_____ Date:_____