



Galesburg Middle School Enrollment Form 2023-2024

****FORM MUST BE COMPLETELY FILLED OUT (FRONT AND BACK), SIGNED, AND DATED. INCOMPLETE FORMS WILL NOT BE ACCEPTED.****

STUDENT INFORMATION

If A New USD 101 Student, List Previous School Name & Address

Last Name		First Name		Middle Name	
-----------	--	------------	--	-------------	--

Name must be legal name as shown on birth certificate, court order, passport, driver's license, or other legal documentation.

Preferred Name		Grade		Gender		Date of Birth		SSN	
----------------	--	-------	--	--------	--	---------------	--	-----	--

Primary Phone		Student Cell Phone		Student Email	
---------------	--	--------------------	--	---------------	--

Student T-Shirt Size: S M L XL 2XL 3XL Other: _____ (Circle Correct Size Or Specify Size) Internet access at home? NO YES

ADDRESS INFORMATION

Home Address must be the student's primary physical address, not a PO Box.

Home Address		City		State		Zip	
--------------	--	------	--	-------	--	-----	--

Is this an Out-of-District Address? YES NO District of Residence Check here if the student is homeless or living in temporary/transitional housing.

Mailing Address		City		State		Zip	
-----------------	--	------	--	-------	--	-----	--

ETHNICITY AND RACE INFORMATION

ETHNICITY: Is the student Hispanic or Latino?

- NO, not Hispanic/Latino.
 YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

What is the student's RACE?

- 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.)
 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 North Africa.)

SPECIAL EDUCATION SERVICES

Does this student receive Special Education Services? (IEP or 504) Yes No

MILITARY SERVICE

Are any of the student's parents or guardians currently serving in the US military? (Please check only one option)

- No Yes, Active Duty Forces (full time) Yes, National Guard or Reserve Forces

MEDICAL AND HEALTH INFORMATION

In the case of an emergency, School Officials are authorized to contact any of the people listed in the EMERGENCY CONTACTS SECTION and/or use the services of those listed below:

Physician Name		Physician Phone		Hospital	
----------------	--	-----------------	--	----------	--

Dentist Name		Dentist Phone	
--------------	--	---------------	--

In the event of an emergency, I authorize USD 101 School Officials to take the following action(s) if deemed necessary:

- Take the student to the Emergency Room. Utilize an ambulance service. Take the student to any licensed physician if the physician listed above is not available.

Medical Conditions	
--------------------	--

Allergies	
-----------	--

Prescription Medications	
--------------------------	--

Additional documentation will be required for prescriptions that need to be provided to students during the school day.

****PAGE 2 ON BACK SIDE MUST BE COMPLETED, SIGNED, AND DATED****

PARENT/GUARDIAN INFORMATION**PARENT/GUARDIAN 1**

Name (Last, First)	<input type="text"/>	<input type="checkbox"/> Address Same As Student's	Address If different than Student's	<input type="text"/>
Primary Phone	<input type="text"/>	Type (Home, Cell, Work, etc.)	<input type="text"/>	Alt Phone
<input type="text"/>	<input type="text"/>	Type (Home, Cell, Work, etc.)	<input type="text"/>	<input type="text"/>
Primary Email	<input type="text"/>		Alt Email	<input type="text"/>
Relationship (Mother, Father, Foster Parent, Grandmother, Grandfather, etc.)	<input type="text"/>	Additional Information	<input type="text"/>	

PARENT/GUARDIAN 2

Name (Last, First)	<input type="text"/>	<input type="checkbox"/> Address Same As Student's	Address If different than Student's	<input type="text"/>
Primary Phone	<input type="text"/>	Type (Home, Cell, Work, etc.)	<input type="text"/>	Alt Phone
<input type="text"/>	<input type="text"/>	Type (Home, Cell, Work, etc.)	<input type="text"/>	<input type="text"/>
Primary Email	<input type="text"/>		Alt Email	<input type="text"/>
Relationship (Mother, Father, Foster Parent, Grandmother, Grandfather, etc.)	<input type="text"/>	Additional Information	<input type="text"/>	

SCHOOL MESSENGER This is the USD 101 Parent Notification System used to send messages via phone calls, texting and email regarding school closures/delays, security alerts, absence notifications, cafeteria balance alerts, surveys, school related events, and more. Messages are sent between 5:30am and 9:00pm.

Telephone Consumer Protection Act Opt-In Consent:- I, _____ (PRINTED parent/guardian name) give USD 101 and its schools permission to contact me via my cellular devices for automated phone calls and SMS text messages for general messages. I understand that emergency notifications are excluded from this permission and will be sent as normal. By signing this enrollment form, I certify that I am the owner of the cellular device(s) listed and associated user contract(s).

You may specify up to 3 phone numbers and 4 email addresses.

Phone 1	<input type="text"/>	Type of Phone (Home, Cell, Work, etc.)	<input type="text"/>
Phone 2	<input type="text"/>	Type of Phone (Home, Cell, Work, etc.)	<input type="text"/>
Phone 3	<input type="text"/>	Type of Phone (Home, Cell, Work, etc.)	<input type="text"/>

Email 1	<input type="text"/>
Email 2	<input type="text"/>
Email 3	<input type="text"/>
Email 4	<input type="text"/>

EMERGENCY CONTACT INFORMATION In the event of an emergency, USD 101 staff will attempt to contact the Parents/Guardians first and then attempt to contact each person below in the order listed.

Contact 1 Name	<input type="text"/>	Best Phone	<input type="text"/>	Type of Phone (Home, Cell, Work, etc.)	<input type="text"/>
<input type="checkbox"/> This contact is allowed to pick up my child	Relationship	<input type="text"/>	Alt. Phone	<input type="text"/>	Type of Phone (Home, Cell, Work, etc.)
Contact 2 Name	<input type="text"/>	Best Phone	<input type="text"/>	Type of Phone (Home, Cell, Work, etc.)	<input type="text"/>
<input type="checkbox"/> This contact is allowed to pick up my child	Relationship	<input type="text"/>	Alt. Phone	<input type="text"/>	Type of Phone (Home, Cell, Work, etc.)
Contact 3 Name	<input type="text"/>	Best Phone	<input type="text"/>	Type of Phone (Home, Cell, Work, etc.)	<input type="text"/>
<input type="checkbox"/> This contact is allowed to pick up my child	Relationship	<input type="text"/>	Alt. Phone	<input type="text"/>	Type of Phone (Home, Cell, Work, etc.)
Contact 4 Name	<input type="text"/>	Best Phone	<input type="text"/>	Type of Phone (Home, Cell, Work, etc.)	<input type="text"/>
<input type="checkbox"/> This contact is allowed to pick up my child	Relationship	<input type="text"/>	Alt. Phone	<input type="text"/>	Type of Phone (Home, Cell, Work, etc.)

I certify that all of the information I have provided is true and accurate. I understand that falsification of any information or submission of misleading information will be cause for revoking the student's school assignment, that failure to provide supporting documentation may delay the processing of this application or result in the revocation of the student's assignment, and that the student may be excluded from school if immunizations are not current. I understand that USD 101 may take steps to verify my address, including review of public documents and contacting other government agencies, without further notification. I authorize the request of this student's records from the previous school, if applicable. This form will be rejected if not signed and dated below.

Parent/Guardian Signature _____

Date _____