



Loyal Public School Enrollment Form 2020/2021 School Year

Student Information: Please list student's name as it is written on the birth certificate.

Student Legal Last Name	Student Legal First Name	Gender	DOB	Hispanic or Latino	Ethnicity	Grade	Special Education
				Yes No			Yes No
				Yes No			Yes No
				Yes No			Yes No
				Yes No			Yes No
				Yes No			Yes No

Ethnicity Codes: American Indian Asian Black or African American Native Hawaiian or Other Pacific Islander White

Native Language: English Spanish Other: please list _____

Parent Guardian Information

Household Information – Guardian 1

Name _____ Relationship: _____
 Address _____ Ethnicity: _____
 City, State, Zip _____
 Home Phone _____ Cell Phone _____
 Email Address _____
 Place of Employment _____ Work Phone _____

Household Information – Guardian 2

Name _____ Relationship: _____
 Address _____ Ethnicity _____
 City, State, Zip _____
 Home Phone _____ Cell phone _____
 Email Address _____
 Place of Employment _____ Work Phone _____

Household Information – 2nd Parent Mailing Request

Name _____ Relationship _____
 Address _____ Ethnicity _____
 City, State, Zip _____
 Home Phone _____ Cell Phone _____
 Email Address _____
 Place of Employment _____ Work Phone _____

Parent In Military please complete all 3 questions.

Is either parent or guardian on active duty in the military? YES NO

Is either parent or guardian a traditional member of the Guard or Reserve? YES NO

Is either parent or guardian a member of the of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? YES NO

Emergency Contact/Treatment

Alternate person to call for emergency treatment if parents cannot be reached. If parent(s) cannot be reached, the emergency contact people will also be used for attendance notification purposes.

- 1. Name _____ Phone _____
- 2. Name _____ Phone _____

If emergency treatment is required and the parent/guardian cannot be reached immediately, school authorities should use their own judgement in calling the physician listed below, or if not available, an alternate physician. YES NO

Family Physician _____ Phone _____
Family Dentist _____ Phone _____

 **Parent/Guardian Signature** _____

Health & Medical Information

Does your child have any allergies? _____ If so, please list what kind and the type of reaction and treatment. _____

Is your child on any type of medication? _____ If yes, please list the type of medication below.

If your child takes prescription medication and you wish school personnel to administer, it is your responsibility to notify the school of this as well as provide the necessary medication, treatment plan and documentation as per school policy. Please contact the office if this applies to you.

Family Name: _____

Junior High/High School Students Only



I give permission to administer Advil or Tylenol to my child as needed. I have checked the box of the appropriate medication and dosage.

Medication Choice _____ →

- Tylenol 325mg
- Extra Strength Tylenol 500 mg
- Advil 200 mg

Dosage

- One Pill
- Two Pills

Permission to Go Off School Grounds

During the course of the school year, some classes go for walks around the city of Loyal. They may be on a nature hunt, adventure, getting some exercise or participating in a junior high or high school community service project. Please check the appropriate box regarding permission for your child to go off school grounds. The permission is good for one year.



- Yes, my child has permission to go off school grounds for a walk.
- No, my child does not have permission to go off school grounds for a walk.

Transportation

- Yes, I will be utilizing the bus service Miles Transported One Direction _____
 - My child will be picked up at home.
 - My child will not be picked up at home.

If my child is not picked up at home, please indicate where he/she will be picked up at:

Pick Up Name _____

Address _____

Drop off Name _____

Address _____

- I will not need any bussing

Elementary – Please indicate where your child should be sent on an unscheduled early release day:

1. Normal Route -OR- 2. Send To: _____

Transportation Continued

High School – Vehicle Registration

The Loyal School District provides transportation for all students in the district. The operation of a vehicle (car, truck, motorcycle, ATV, snowmobile) is a privilege granted by the Board of Education. Any student causing a disturbance or endangering lives by unsafe driving in the school area may have this privilege revoked:

Type of Vehicle _____ License Number _____
Model _____ Year _____ Color _____

Parent/Guardian Signature _____

Last School Attended

Name of School _____

Address _____

Phone _____