



221 3rd Street Mellette, SD 57461 Phone (605) 887-3467 Fax (605) 981-5626

Rob Lewis, Superintendent/Special Ed Director
Holly Randall, Elementary Principal
Christopher Ulrich, 6-12 Principal
Shelley Fischbach, Technology Coordinator

Nora Groft, Athletic Director
Sydney Hammrich, Business Manager
Jessica Halvorson, Administrative Assistant

Student Enrollment Form

Student Full Name: _____ Enrollment Date: _____

Social Security #: _____ Date of Birth: _____ Age: _____ Grade: _____

Gender: _____ Is this student Hispanic/Latino? YES or NO (**circle one**) Is student a US citizen? _____

Race – Please choose one or more that apply

- | | |
|---|---|
| ☐ American Indian or Alaskan Native | ☐ Native Hawaiian or Pacific Islander |
| ☐ Asian | ☐ White |
| ☐ Black or African American | |

Do you live in our school district? _____

Does student require open enrollment from another school district? _____

Will student require busing? _____ County residing in: _____

Do you have legal custody of child(ren) enrolled here? _____

Student has a parent who is a member of the Armed Forces on “active duty”.

___ YES Check “Yes” if applicable. This also includes full-time members or the National Guard Reserve that are activated and deployed.

___ NO

Previous School Attended: _____ (name and location)

If your previous school was not located in South Dakota, has your child ever attended a South Dakota school? _____

If yes, provide school name and location _____

Household Information:

Parent/Guardian Names: _____

Other children or members of household: _____

Household Address: _____

Home Phone #: _____ Cell Phone #(s): _____ Work Phone #(s): _____

Other Phone #'s: _____ (Please indicate whose phone #'s are listed for each)

E-mail Addresses: _____

Would you like the daily announcements e-mailed to you? _____

Emergency Contact Other Than Parents: _____ Phone #(s): _____

Secondary Household Information (only needed for split households):

Other Parent Names: _____

Address: _____ Phone #(s): _____

E-mail Addresses: _____

Student's Physician Info: _____

Would you like a username/password to check your student's grades, attendance, lunch balance online? _____

Other siblings attending Northwestern and their grade level: _____

Will you be or have you been on the Free/Reduced Meal Program? _____

Did you move into the district to seek/secure work in an agriculture or related field? _____ If so, what type? _____ Please check if any of the

following conditions apply to this student: ___ Asthma ___ Diabetes ___ Epilepsy ___ Cancer ___ Hearing Impaired ___ Physically Impaired ___ Heart

Condition ___ Seizure ___ Allergy ___ Medicine Allergy ___ Peanut Allergy ___ Milk Allergy ___ Vision Impaired ___ Other _____ Is student currently under medical treatment? _____

If so, please explain _____ Regular medications: _____

Disabilities: _____ Is student on an IEP (Individual Educational Program)? _____