Serving the Area Children Since 1893

Ray Public School

224 2nd Ave W.—PO Box 564
RAY, NORTH DAKOTA 58849
PH: 701-568-3301
FX: 701-568-3302

Lunch ID #_____
Bus Route #_____
State Student ID #_____

OFFICE USE ONLY

Documents for Enrollment:
Birth Certificate _____
Immunization Records _____

Please complete this form to:
*Update student/family information *Verify reading the student handbook-online *Agree to abide by bus regulations

(To be completed by a parent or guardian)

DATE: _____ Current Grade_____

SCHOOL RECORDS for: _____ M / F
Student's Name (Last,First, MI) *Date of Birth* *Gender*

Father's Name: _____
Last First

Mother's Name: _____
Last First

Address: _____
Physical Address/ Mailing Address (if other than physical address)

_____
City State Zip

Second Guardian:

_____
Name (Last, First)

_____
Mailing Address

_____
City State Zip

Ethnicity:
Is student Hispanic or Latino? Y/N
Race: African-American, Asian, Caucasian, Native American, Pacific Islander, Other _____

Previous Schools Attended: _____

School Address:_____ School Telephone: _____

_____ School Fax: _____
City, State, Zip

Current Services:
Is your child receiving any of the following services: Title_____ Speech_____ IEP_____ Other _____

Infinite Campus Communication System Information Required

***Weather Announcements, Report Cards, Lunch Notifications, and Deficiency List will be sent out through Infinite Campus using cell numbers (calls & text) and emails from Nesson Public School District #2.*

Phone(s): _____
Home Phone

_____ _____
Mother's Cell/Home Second Guardian Phone/Mother

_____ _____
Father's Cell/Home Second Guardian Phone/Father

Family email: _____ _____
Please list email Second Guardian Email

Employer(s): _____ _____
Father's Employer & Work Phone Mother's Employer & Work Phone

All Rural Families must indicate a storm home at the beginning of each school year:

Storm Home Residence: _____ Storm Home Phone: _____
Name of **Ray** resident your children could stay with, in the event of a storm Storm home phone

Emergency Contacts:

In case of an emergency such as illness or injury, and parent cannot be contacted, please list someone who we may contact.

_____ Phone: _____Type: _____
Name Relationship (if any) (cell/home/work)

_____ Phone: _____Type: _____
Name Relationship (if any) (cell/home/work)

_____ Phone: _____Type: _____
Name Relationship (if any) (cell/home/work)

Special Medical Information:

If there is any medical or health information (*include any allergies*) for your child that the school and/or classroom teacher should be aware of summarize below.

_____

_____

_____

_____

Permissions:

"Administering Tylenol to any student requires prior permission by the student's parent or guardian. You are giving permission to administer Tylenol to your child. Administering any other non-prescription or prescription medicine, drug or vitamin shall require prior permission signed by a physician and the parent or guardian."

_____ **Yes,** my child may receive Tylenol from the school.

"There may be times when photographs, audiotapes/videotapes, interviews for school-related media articles may be publicized or posted. You are giving permission to use photographs, audiotapes/videotapes and interviews for school publications"

_____ **Yes,** my child's photo, audio or videotape, or personal interview and/or work may be publicized or posted.

Grade 11-12

"Federal law requires schools to provide STUDENT DIRECTORY INFORMATION including students' names, addresses, telephone numbers and email addresses to ***military recruiters and colleges and universities*** *when requested. You may opt-out from giving permission to release student directory information."*

_____ I **OPT-OUT** and wish **NOT** to have my child's student directory information shared.

I, the parent/guardian of the above listed child, certify that the information provided is true and accurate AND certify that I have received a copy of the Ray Public School Handbook.

Signed by: _____ Dated: _____

Family Information:

Number of children in the family NOT yet in school: _____

List **Children** below in order of age: **Date of Birth**

1. _____
2. _____
3. _____
4. _____
5. _____