



WHITE RIVER SCHOOL DISTRICT 47-1
 501 E 3rd ST
 PO Box 273
 WHITE RIVER, SD 57579
 (605) 259-3135

White River School District Student Enrollment

Required Documents		
The following will be required to complete enrollment: • Copy of Birth Certificate • Proof of Immunization (Kindergarten and 6th Grade Students Only) • Tribal Abstract (if applicable) • ED 506 Form (If applicable)		
Student Census Information		
Full Name:		Other Names Used:
Grade:	Gender:	DOB:
Race:		Tribal Citizenship:
Mailing Address:		
Physical Address:		
Community/Bus Route:		
Legal Guardian(s):		
Primary Phone:		Cell:
Work:		Email:
In what school district do you reside:		
Special Factors		
Has your child ever been placed with the court or social services?		Yes ☐ No ☐
Do you consider your family homeless?		Yes ☐ No ☐
Has your child ever been identified for the following (check): Special Education ☐ Speech ☐ 504 ☐ Other: _____		
Household Information		
Siblings (include grade):		
Please list Emergency Contacts Below:		
Name	Phone	Relationship

Please list contacts who can check out your child from school:		
Name	Phone	Relationship
Medical Information		
Please check if any of the following apply to your child: ☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Cancer ☐ Hearing Impaired ☐ Physically Impaired ☐ Vision Impaired ☐ Heart Condition ☐ High Blood Pressure ☐ Seizure ☐ Allergy ☐ Other Explain: _____		
Medical Consent(s)		
I hereby consent to any medical services that may be required while said student is under the supervision of an employee of the White River School District while on a school sponsored activity and hereby appoint said employee to act on behalf in securing necessary medical services from and duly licensed medical provider. Yes ☐ No ☐ If Yes, Preferred Provider: _____		
The White River School Nurse, Avell E-Care, and other certified staff have permission to assist my student in taking over the counter medication: Yes ☐ No ☐ Approved Medication: _____		
The White River School Nurse, Avel E-Care, and other certified staff have permission to assist my student in taking prescription medication. Yes ☐ No ☐ Name of Drug: _____ Reason for Taking Medicine: _____ Time to be given at school: _____ Duration of prescription: _____ Physician: _____		
Notice: <u>All medications</u> must be kept in the school nurse's office or the MS office. The only exception to this rule is if a student is asthmatic and has a doctor's statement that states that it is medically required to have a student carry an inhaler.		

Image/Information Consent(s)		
I consent for the WRSD to publish the following on the district website and/or newspaper: Photo/Image: Yes ☐ No ☐ Personally Identifiable Information (name): Yes ☐ No ☐		
Network Consent(s)		
My student has reviewed the White River School District Network User Agreements/Policies (White River School District Parent/Student Handbook, pg. 38-40) and the student agrees to comply with the above stated rules. Yes ☐ No ☐		
Additional Building Specific Requirements		
WR/ Norris Elem: Visit WR/Norris office for important information and expectations.	Middle School: Visit MS office for important information and expectations.	High School: All students must enroll for class in person w/ guardian
Verification of Information		
_____ I understand that in order to rescind/ change the consent(s) provided within this document that I, the legal guardian, must provide a written letter to the principal of my child's school and that such rescission will take effect upon receipt of said letter by the school.		
_____ I understand that it is important for the school to keep accurate records in order to support my child and communicate with parents/guardians. I agree to update the school immediately if any of the above information changes.		
_____ I verify the above information to be true and accurate. Legal Guardian Signature: _____ Date: _____		
Notice: Under the Family Educational Rights and Privacy Act (FERPA) you have the right to: - Review your student's education records - Request corrections to inaccurate records - Consent to the disclosure of personal information, except where FERPA permits disclosure - File a complaint with the U.S. Department of Education regarding FERPA violations For more information: https://studentprivacy.ed.gov/faq/what-ferpa		