



**AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS
AND/OR EXCHANGE OF WRITTEN AND/OR ORAL INFORMATION**

Student Name

Date of Birth

Grade

Date Requested: _____ Date Mailed: _____ Date Faxed: _____

Oral Exchange of student information between _____
(Professional outside Yankton School District) and staff from the Yankton school building noted on this
form. This exchange is authorized for 12 months beyond the authorized signature date listed below.

Authorized Signature of Parent, Guardian or Eligible Student

Date

Check one or both if applicable:

Records are requested FROM the following school District/Agency/Professional:

Attention: _____

District/Agency/Professional: _____

Address: _____

Telephone: _____ Fax Number: _____

It is requested that records be sent TO the following school District/Agency/Professional:

Attention: _____

District/Agency/Professional: _____

Address: _____

Telephone: _____ Fax Number: _____

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, enacted as Section 438 of the General Education Provisions Act, in effect April 11, 1988. I hereby give permission for the release of any and all confidential information, to include:

- | | |
|---|--|
| 1. Transcript of grades | 7. Special education records, such as |
| 2. Grades at time of withdrawal | a. current IEP |
| 3. Birth Certificate | b. education multi-disciplinary evaluations, |
| 4. Attendance record | psychological evaluations |
| 5. Health and medical records (including immunizations and sports physical) | c. socio/developmental reports |
| 6. Educational records | d. treatment records |

NOTE: We request that no permanent files be sent on the student named above. Send only copies of the information indicated.

Authorized Signature of Parent, Guardian or Eligible Student

Date



YANKTON PUBLIC SCHOOLS STUDENT REGISTRATION FORM

Check one please:

___ Elementary ___ Middle School ___ High School

IMPORTANT: Please complete all information on both sides.

Office Use Only:

Grade: _____
School Term: _____
Date Enrolled: _____
Teacher: _____
SIMS ID#: _____
Birth Certificate? Yes No

Student's Legal Name: _____ Gender: _____
Last First Middle M or F

Student's Address: _____
Street City Postal Code

Date of Birth: _____ Current Grade: _____ Graduation Year: _____

Student Phone Number, if applicable: _____

For Elementary Registration Only: Did your child attend preschool? Yes No If yes, where? _____

RESIDENCY VERIFICATION:

I declare that _____ is my primary address where U.S. mail and utility bills are delivered. The address listed above is my address recorded with the county auditor for voting purposes.

First Contact Name: _____ **Relationship:** _____
(mother or guardian)

Address (if different): _____
City Postal Code

Place of Employment: _____ **Cell Phone Number:** _____
Can this phone be used for text messages? Yes No

Work Telephone: _____ **Home Telephone:** _____

Email Address: _____ **Email Address:** _____

Second Contact Name: _____ **Relationship:** _____
(father or guardian)

Address (if different): _____
City Postal Code

Place of Employment: _____ **Cell Phone Number:** _____
Can this phone be used for text messages? Yes No

Work Telephone: _____ **Home Telephone:** _____

Email Address: _____ **Email Address:** _____

Student Resides With: Both Parents ___ Mother ___ Father ___ Legal Guardian ___ Other _____

Has this student attended Yankton Public Schools previously? Yes No

Previous School Information (only complete if new student):

Last School Attended _____ Address _____
Dates Attended _____ through _____
(MM/YY) (MM/YY)

(OVER)

TO RECEIVE PHONE MESSAGES FROM YANKTON SCHOOL DISTRICT:

First Contact Phone: _____

Second Contact Phone: _____

Relationship: _____

Relationship: _____

The First and Second Phone Numbers are the Primary Contacts to reach either parents or guardians. Please enter the phone numbers that will be the best way to contact you. These should be cell phones or home numbers.

EMERGENCY/SPECIAL CONTACTS (other than parent):

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Relationship: _____

Relationship: _____

Cell Phone Number: _____

Cell Phone Number: _____

Work Telephone: _____

Work Telephone: _____

Home Telephone: _____

Home Telephone: _____

LIST NAMES OF SCHOOL-AGED BROTHERS/SISTERS:

LIST ALL BROTHERS/SISTERS NOT YET IN SCHOOL:

_____ Grade _____

_____ Age _____

_____ Grade _____

_____ Age _____

_____ Grade _____

_____ Age _____

Special Education/504 Plan Information:

Has your child been on an IEP or 504 Plan or been tested for Special Education? Yes No

If yes, is he/she currently receiving Special Education Services? Yes No

Migrant Worker Information:

Did you move to Yankton to seek or obtain agricultural-related employment? Yes No

Please specify: _____
If yes, please complete a Certificate of Eligibility form provided by the school office.

Please list any medical needs/problems your student may have:

(Any daily medication to be administered by school staff must have a Doctor's prescription and signed school forms)

I do give my permission for my child to go on school-supervised excursions and field trips. Yes No

Signature of Parent or Guardian

Date

Official High School Use Only:

Locker: _____ Combination: _____ Counselor: _____ Homeroom: _____

Transcript Requested: Yes No Date Requested: _____

Yankton School District does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of their operations. Yankton School District Career and Technical Education department does not discriminate in enrollment or access to any of the programs available. The District's CTE programs include the following career pathways: Family and Consumer Science, Technology Education, Business and Industrial Technology. The lack of English language skills shall not be a barrier to admission or participation in the district's activities and programs. The Yankton School District also does not discriminate in its hiring or employment practices. This notice is provided as required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. Questions, complaints, or requests for additional information regarding these laws may be forwarded to Kathleen Wagner, Director of Student Services, 2410 West City Limits Road, Yankton, SD 57078; telephone number: (605)665-3999, who has been designated by the Yankton School District School Board to coordinate the District's efforts to comply with the regulations implementing these sections, or the U.S. Department of Education, Office for Civil Rights, One Petticoat Lane, 1010 Walnut Street, 3rd Floor, Ste 320, Kansas City, Missouri 64106, telephone number: (816) 268-0550; TDD number: (800) 877-8339; E-mail: OCR.KansasCity@ed.gov; or fax number: (816) 286-0599.



**YANKTON PUBLIC SCHOOLS
HOME LANGUAGE SURVEY and
ETHNICITY REPORTING**

Student Name _____
First Name Middle Initial Last Name

Grade _____ School _____

Date Completed _____

The YSD administers the home language survey to all students enrolled as the first screening process to identify students with limited English proficiency. Further identification processes shall be based on the following four questions:

1. What is the language most frequently spoken at home? _____
2. What language do you most frequently speak at home? _____
3. What language does your child most frequently speak at home? _____
4. What language did your child learn when he/she first began to talk? _____

Ethnicity Reporting (answer BOTH Questions):

1. Is this student Hispanic or Latino? **(Choose one only)**
 - No, not Hispanic or Latino
 - Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race).
2. What is the student's race? (Regardless of how you answered the first question, **choose one or more**).
 - American Indian or Alaskan 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).

Signature of Parent or Guardian

Date