

INITIAL DATA FORM: KANSAS SCHOOL FOR THE DEAF

450 E. Park, Olathe, KS 66061; 913-210-8149
FAX 913-324-0601

Has your child attended KSD before? Yes No Dates: _____ Number _____

Date Received _____ Date Enrolled _____ Date Entered _____ Official Exit Date _____

IMPORTANT: This will become part of the permanent record of your child if he/she attends KSD. Please answer all questions carefully and accurately. **Write clearly** and return this form promptly.

A. Student Information:

Name: First _____ Middle _____ Last _____ Birthdate _____ M / F
 Sex _____
 Nickname _____ Age _____ USD # _____ Grade _____ Social Security # _____ Birth City _____ Birth State _____

Parental Status of biological parents: Married Divorced Separated Single

Student lives with: Mother / Step-Mother / Foster Mother Father / Step -Father / Foster Father Guardian
 (Circle all that apply)

Education: Please list all schools (including pre-school) your child has attended (most recent first).

Dates Attended	School	Address

Can your child wash and dress him/herself? Yes No Is your child potty trained? Yes No

Parent Information: If student lives with a guardian, please complete section E in addition to Parent Info.

Mother's Full Name _____
Deaf or Hard of Hearing? Yes No

Father's Full Name _____
Deaf or Hard of Hearing? Yes No

Street _____

Street _____

City _____

City _____

State _____

Zip Code _____

County _____

State _____

Zip Code _____

County _____

Daytime Phone Landline Cell Videophone

Daytime Phone Landline Cell Videophone

Evening Phone Landline Cell Videophone

Evening Phone Landline Cell Videophone

Cell Provider _____

Cell Provider _____

E-Mail _____

E-Mail _____

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C. Vision Does your child wear glasses/contacts? Yes No Family history of vision concerns? Yes No

Has your child ever had eye surgery? Yes No

Has your child ever been seen by an ophthalmologist or optometrist? Yes No

Other vision information about your child _____

D. Additional Information: What other information can you provide about your child which the dorm or classroom teachers should know about your child's personal habits, i.e. bed-wetting, allergies, eating habits, etc.?

E. Guardian Information: Is there legal documentation to support this guardianship? Yes No

Guardian's Full Name
Deaf or Hard of Hearing? Yes No

Guardian's Occupation

Street

Employer

City

Street

State **Zip Code** **County**

City **State** **Zip**

Daytime Phone Landline Cell Videophone

Work Phone Landline Cell Videophone

Evening Phone Landline Cell Videophone

E-Mail

Cell Provider

Case Manager Name & Contact Info

E-Mail

Date _____ Signature of Person Completing the Form _____

The Kansas School for the Deaf is committed to a policy of non-discrimination on the basis of race, sex, national origin, handicap or other non-merit reasons, in admissions, education programs or activities, and employment, all as required by applicable laws and regulations. Inquiries may be addressed to: Human Resources Director, Kansas School for the Deaf, 450 East Park, Olathe, KS 66061.

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Authorization for the Release of Information

Student _____ Date of Birth _____

I hereby authorize: _____

To release the following information from any records maintained on my child:

- All educational records, including those listed below
- Audiological records
- School Transcripts
- Current IEP/Three Year Evaluation/Re-evaluation
- Testing/evaluation/consent for placement in Special Education Programs
- Guidance and Counseling records
- Health records including immunization
- Notice and consent for related services (speech therapy, OT, PT, etc.)
- Vision Records
- Other: (specify) _____

To be sent to: **Kansas School for the Deaf**
Attention: Admissions
450 E. Park
Olathe, KS 66061
(913) 210-8149 / (913) 324-0601 fax
ksdoutreach@kssdb.org

I understand that I have the right to revoke this authorization at any time, except when actions have already been taken on the basis of this authorization. To revoke this authorization, I must provide written notice to the Kansas School for the Deaf by registered mail; return receipt requested.

Signature Date

Relationship to Student