



Britton-Hecla School District 45-4

759 5th St., P.O. Box 190
Britton, SD 57430-0190
Phone: (605)448-2234
Fax: (605) 448-5994

Superintendent: Steve Benson
HS/MS Principal: Carrie James
Elem Principal: Kyla Richter
Email: Britton-HeclaSecretary@12.sd.us

Student Registration

Student's Full Legal Name: _____

Physical Address: _____

Mailing Address (if different) _____

Birthdate: ____/____/____ **Sex:** () M () F **Grade:** _____ **IEP:** () Y () N
Special Education Program

Does the student have any allergies or health conditions? Y / N

If Yes, please list: _____

The student lives with: () Parents () Father () Mother () Guardian

Father/Guardian Name: _____

Address (if different): _____

Primary Contact Number: _____

Do you wish to be contacted via email? **Y/N** Email Address: _____

Place of work/Phone: _____

*(If Applicable) Step-Mother: _____ Phone: _____

Mother/Guardian Name: _____

Address (if different) _____

Primary Contact Number: _____

Do you wish to be contacted via email? **Y/N** Email Address: _____

Place of Work/Phone: _____

*(If Applicable) Step-Father: _____ Phone: _____

***If listed, these individuals will have the same authority as listed parents/guardians**

Is there a court order that restricts either parent or other individual from contact with the student?

Y / N

If such a court order exists, it is the Parent's/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school office.

The mission of the Britton-Hecla School District is to promote a positive, challenging, and safe environment for every student.

Federally Required Information

Check all that apply to the student:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Hispanic/Latino

What language is most frequently spoken in the home? _____

What language did your child learn when they first began to talk? _____

What language does **your child** most frequently speak at home? _____

Which language do you most frequently speak to your child? _____

What language would you prefer to get information from BHS? _____

Did anyone in the student's immediate family move here for agricultural-related employment? **Y/N**

Place of work: _____

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

Is the student's current address a temporary living arrangement? **Y / N**

If yes, is the living arrangement due to loss of housing/economic hardship? **Y / N**

Are either of the student's parents active in the U.S. military? **Y / N**

We are federally required to keep a copy of the student's **birth certificate and immunizations** (or a signed immunization waiver) on file. If these do not transfer from a previous school please provide BHS with a copy at time of registration.

To help us predict our future enrollment, please list siblings at home.

Name/Birthday

Please list the general after school plan for your child:_____

If you need to communicate a change in the after school plan to your child, please email britton-heclasecretary@k12.sd.us or call the office at 605-448-2234 ext. 1.

Parent's Signature_____

****If you would like information regarding our after school **Funtastic** program for kids K-3, please email ashley.hennings@k12.sd.us or search "funtastic" on our website for pricing and registration.**

****The **Home Base** program sends groceries home with students for the weekends. Please search "home base" on our website or pick up a form in the office to sign up.**

****Free or Reduced Lunch** applications can also be found on our website or picked up in the office.

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