

SCHOOL: _____

DISTRICT #83

For Official use only: Homeroom Teacher _____ Entry Date _____ Entry Code _____ Birth Certificate: Y / N Legal Document on file: Y / N Specify _____ Immunization status Complete Incomplete Exempt In Process
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STUDENT INFORMATION (to be updated annually):

NAME – LEGAL NAME of student, as printed on the CERTIFIED BIRTH CERTIFICATE

FIRST: _____ MIDDLE: _____ LAST: _____

Other – nickname: _____ (will not appear on any letters or reports) Cell Phone: (_____) _____

ETHNICITY/RACE - Completed by: <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Observer	
Step 1 – Check below, if true: <input type="checkbox"/> Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or any other Spanish Culture, regardless of race)	Step 2 – Check ALL that apply: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander

GENDER: **M / F** GRADE: _____ BIRTHDATE: _____
BIRTH CITY: _____ BIRTH STATE: _____ COUNTRY: _____
Primary Language: _____ Secondary Language: _____ Limited English: **Y / N**

Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparents* <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian* <input type="checkbox"/> Agency* <input type="checkbox"/> Self (*If under 18) <input type="checkbox"/> Other:
<i>*Legal Documentation Required</i>
Is there a joint custody or parenting plan in effect: <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, please provide a copy of the plan to the school.
Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, please provide a copy of the legal papers to the school.

BIOLOGICAL PARENT/LEGAL GUARDIAN RELATIONSHIPS:

MOTHER NAME – FIRST: _____ LAST: _____	Contact Priority #1
PHYSICAL STREET ADDRESS: _____	OK to Pickup: Y / N
CITY: _____ STATE: _____ ZIP: _____	Legal Custody: Y / N
MAILING (if different than above): _____	Lives with: Y / N
CITY: _____ STATE: _____ ZIP: _____	Receives mailings: Y / N
HOME: (_____) CELL: (_____) WORK/OTHER: _____	
EMAIL: _____ OCCUPATION: _____ EMPLOYER: _____	

FATHER NAME – FIRST: _____ LAST: _____	Contact Priority #2
PHYSICAL STREET ADDRESS: _____	OK to Pickup: Y / N
CITY: _____ STATE: _____ ZIP: _____	Legal Custody: Y / N
MAILING (if different than above): _____	Lives with: Y / N
CITY: _____ STATE: _____ ZIP: _____	Receives mailings: Y / N
HOME: (_____) CELL: (_____) WORK/OTHER: _____	
EMAIL: _____ OCCUPATION: _____ EMPLOYER: _____	

How to find your house if student needs to be brought home (Please be specific – this is **required** information): _____

STUDENT TRAVEL INFORMATION

<input type="checkbox"/> Bused from Home	<input type="checkbox"/> Parent	<input type="checkbox"/> Walker	<input type="checkbox"/> Special Bus
<input type="checkbox"/> Bused from Child Care	<input type="checkbox"/> Child Care provided transport	<input type="checkbox"/> Car	

STUDENT RESIDENCY: (Identifying students who may qualify to receive additional services). Where does the student stay at night?
<input type="checkbox"/> Transitional (awaiting foster care, etc.) <input type="checkbox"/> Doubled Up (more than 1 family) <input type="checkbox"/> Car, park, campground, etc. <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Own or Rent residence <input type="checkbox"/> Other (please specify): _____

(continued on back)

Has student ever attended school in the State of Idaho? Y / N In West Bonner County School Dist. Y / N
 If yes, - approximate exit date: _____ School Name: _____ Grade Level at exit: _____

Name of LAST SCHOOL ATTENDED: _____ Phone: _____
 Address: _____ City, State _____ Zip _____

STUDENT RECEIVING SPECIAL SERVICES? Y / N
 If yes, circle specific code: **G** = Gifted **SPE** = Special Ed **T1A** = Title 1A for Math / Reading **SL** = Speech & Language **H** = Hearing
 Other: _____

Siblings attending any school in West Bonner County School District 83:

Last name	First name	School Attending

OTHER CONTACTS: (persons authorized to care for student in an emergency, if parents cannot be reached). **Local only.**

Name	Relationship to Student	Telephone	Contact Priority #	✓ if OK to pickup
			#3	
			#4	
			#5	

Doctor: _____ Phone: _____

Chronic Health Problems (specify): _____

Allergies: _____ Special Instructions: _____

When a student suffers a serious injury or illness while in school, first aid will be rendered in accordance with school policies, and an immediate and Continuing effort will be made to contact the parents of that student, or the person(s) the parent has selected as an alternative.

In case of accident or other emergency if parent/guardian or authorized alternative cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named above to undertake such care and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

The undersigned agrees to bear all costs incurred as a result of the foregoing.

Insurance Carrier Name: _____ ID Number: _____

The information provided on this form is current and accurate.

Signed: _____ Date: _____
 Parent/Guardian

Student signature (if High School): _____ Date: _____

**MAINTAINED IN PERMANENT RECORD FILE.
 NOTIFY SCHOOL IF ABOVE INFORMATION CHANGES.**