

SCHOOL: \_\_\_\_\_

**DISTRICT #83**

|  |
|--|
| For Official use only:<br>Homeroom Teacher _____ Entry Date _____ Entry Code _____ Birth Certificate: Y / N<br>Legal Document on file: Y / N Specify _____ Immunization status <b>Complete</b> <b>Incomplete</b> <b>Exempt</b> <b>In Process</b> |
|--|

**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: ( \_\_\_\_\_ ) \_\_\_\_\_

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

|                         |                           |                               |
|-------------------------|---------------------------|-------------------------------|
| GENDER: <b>M / F</b>    | GRADE: _____              | BIRTHDATE: _____              |
| BIRTH CITY: _____       | BIRTH STATE: _____        | COUNTRY: _____                |
| Primary Language: _____ | Secondary Language: _____ | Limited English: <b>Y / N</b> |

|   |
|---|
| <b>Student lives with:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Stepfather<br><input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparents* <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian*<br><input type="checkbox"/> Agency* <input type="checkbox"/> Self (*If under 18) <input type="checkbox"/> Other: |
| <small>*Legal Documentation Required</small>  |
| 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: _____            | <b>Contact Priority #1</b>      |
| PHYSICAL STREET ADDRESS: _____                    | OK to Pickup: <b>Y / N</b>      |
| CITY: _____ STATE: _____ ZIP: _____               | Legal Custody: <b>Y / N</b>     |
| MAILING (if different than above): _____          | Lives with: <b>Y / N</b>        |
| CITY: _____ STATE: _____ ZIP: _____               | Receives mailings: <b>Y / N</b> |
| HOME: ( _____ ) CELL: ( _____ ) WORK/OTHER: _____ |                                 |
| EMAIL: _____ OCCUPATION: _____ EMPLOYER: _____    |                                 |
| FATHER NAME – FIRST: _____ LAST: _____            | <b>Contact Priority #2</b>      |
| PHYSICAL STREET ADDRESS: _____                    | OK to Pickup: <b>Y / N</b>      |
| CITY: _____ STATE: _____ ZIP: _____               | Legal Custody: <b>Y / N</b>     |
| MAILING (if different than above): _____          | Lives with: <b>Y / N</b>        |
| CITY: _____ STATE: _____ ZIP: _____               | Receives mailings: <b>Y / N</b> |
| 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    |                                      |

|   |  |  |
|---|--|--|
| <b>STUDENT RESIDENCY:</b> (Identifying students who may qualify to receive additional services). <b>Where does the student stay at night?</b> |  |  |
| <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.**