

(8100 F1)

SNAKE RIVER SCHOOL DISTRICT #52 REGISTRATION FORM

For Office Use Only

Birth Certificate _____
Immunization Complete _____
Exemption Form _____
Date Enrolled _____
Grade Enrolling In _____

Student Information:

Student's Name _____
(Must be identical to name on birth certificate) (Last) (First) (Middle)

Mailing Address _____
(Street) (City) (State) (Zip)

Road Address _____ **E-Mail Address** _____

Home Phone () _____ **Mom's Cell Phone** () _____ **Dad's Cell Phone** () _____

Custodial Parent _____ **Student Date of Birth** _____ **Place of Birth** _____
Month/Day/Year City/State/Country

The U.S. Government's Office of Civil Rights requires the district to track the following information. The new standards separate race and ethnicity so both Part A and Part B must be completed. The new standards are part of federal education reports that districts and states submit to receive funds such as those provided through the Elementary and Secondary Education Act (ESEA).

Part A – Gender & Ethnicity

Gender	Is this student (or are you) Hispanic/Latino? (Choose only one)
(Circle)	<input type="checkbox"/> No, not Hispanic/Latino
M or F	<input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

Part A is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be.

Part B – Race What is the student's race? Choose one or more.

<input type="checkbox"/>	American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American [including Central America] and who maintains tribal affiliation or community attachment.)
<input type="checkbox"/>	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)
<input type="checkbox"/>	Black or African American (A person having origins in any of the black racial groups of Africa)
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
<input type="checkbox"/>	White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Father's Name _____ **Cell or Day Phone** _____
(Last) (First)

Father's Mailing Address _____

Employer _____ **Work Phone** _____ **Home Phone** _____

Mother's Name _____ **Cell or Day Phone** _____
(Last) (First)

Mother's Mailing Address _____

Employer _____ **Work Phone** _____ **Home Phone** _____

Guardian's Name _____ **Home Phone** _____ **Cell Phone** _____

Guardian's Mailing Address _____ **Street Address** _____

Three relatives or friends to contact if parents are not available. The school will always try to contact parents first.

Contact #1 Name (Last/First) _____ **Relationship** _____

Phone Numbers: Cell _____ Home _____ Work _____

Contact #2 Name (Last/First) _____ **Relationship** _____

Phone Numbers: Cell _____ Home _____ Work _____

Contact #3 Name (Last/First) _____ **Relationship** _____

Phone Numbers: Cell _____ Home _____ Work _____

Name of School last attended _____ **Grade** _____ **District Name** _____

Address of School _____ **Phone Number** _____

FAMILY INFORMATION: (Please list all brothers and sisters even if they are not in school. If enrolled in another district list it and grade.)

- 1. Name _____ Age _____ Grade _____
- 2. Name _____ Age _____ Grade _____
- 3. Name _____ Age _____ Grade _____
- 4. Name _____ Age _____ Grade _____
- 5. Name _____ Age _____ Grade _____
- 6. Name _____ Age _____ Grade _____

Home Language Survey: Snake River School District needs to determine the language spoken in the home of each student. This information is essential so that the school can provide appropriate instruction for all students. We ask your cooperation in helping us comply with this important requirement. It will help in arranging interpreters for conferences as need and to meet federal funding guidelines. Thank You.

- 1. What language is spoken in the home? _____
- 2. What was the first language learned by the child? _____
- 3. What language do you most often use to speak to your child? _____
- 4. What language does the child use most often in the home? _____
- 5. What language does the child use most often with friends outside the home? _____
- 6. In what country was your child born? _____
- 7. When did your child first enter school in the USA? In what state? _____
- 8. Is the student attending the school as a foreign exchange student? _____
- 9. Has the student ever been in a bilingual education or an English as a Second Language program in a school in the U.S.? _____
- 10. Did the student exit the program? _____ Exit Date: _____

Has this child been enrolled in any remedial or Special Education classes? Yes No
If "Yes" please circle which one: **Migrant Education** **Title 1 Reading/Math** **Resource Room** **Speech/Language**

Is anyone living at your address required to register on the sex offender registry? Yes No

If yes explain fully _____

MEDICAL INFORMATION

The Idaho School Immunization Law requires that children be up-to-date on their immunizations to attend school. Parents/guardians must present their child's immunization record prior to attendance or fill out an exemption form. All students will be required to have a minimum of : **5 shots of DPT; 3 shots of Polio; 2 shots of MMR; 3 shots of Hepatitis B** (Children not in compliance must be excluded.)

This child has received: **DPT** **Polio** **Hepatitis B** **MMR**
They are recommending a Hepatitis A (one or two shots) and Varicella (Chicken Pox) vaccination. They want to know if the child has had the disease, the disease and the shot, or just the shot. **Hepatitis A** **Chicken Pox** **Had disease** **Both**
Effective 2011-2012: Seventh (7th) graders are required to have one (1) dose of **Tdap Booster** and one (1) dose **Meningococcal**

Please **circle** any medical condition that applies to your child:

Allergies Asthma Diabetes Speech Defect Ear Infections Hearing Loss Epilepsy Serious Injury Operation
Congenital Defects Hearth Condition Cystic Fibrosis Rheumatic Fever Cerebral Palsy Frequent Respiratory Infection

Does your child have any other health impairment or special medical condition? Yes No

If "Yes" list health impairment/special medical condition here: _____

Please list any Allergies that your child has: _____

Does your child require medication for a medical condition? Yes No

If "Yes" list condition and medication here: _____

My child can participate fully in all school activities. Yes No (If "No" a written notice to the school must be provided)

Name of physician the school officials are authorized to call for emergency medical help:

Dr. Name	Office Address	Office Phone Number
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In case of accident or serious illness, I request the school authorities to contact me. If I cannot be reached, I hereby authorize the school administration to call the physician indicated above. If it is impossible to contact the physician, I authorize the administrator to arrange for all necessary medical services on my behalf for my child.

_____ **Signature of Parent or Guardian** _____ **Date** _____