

(8100 F1)

# SNAKE RIVER SCHOOL DISTRICT #52 REGISTRATION FORM

Form must be filled out completely.  
Contact information will be used for PowerSchool emergency notification system.

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)

Street Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
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

<b>Gender</b>	<b>Is this student (or are you) Hispanic/Latino? (Choose only one)</b>
<b>(Circle)</b>	<input type="checkbox"/> <b>No, not Hispanic/Latino</b>
<b>M or F</b>	<input type="checkbox"/> <b>Yes, Hispanic/Latino</b> (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"/>	<b>American Indian or Alaska Native</b> (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"/>	<b>Asian</b> (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"/>	<b>Black or African American</b> (A person having origins in any of the black racial groups of Africa)
<input type="checkbox"/>	<b>Native Hawaiian or Other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
<input type="checkbox"/>	<b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

### Custodial Information (if applicable) Please Circle:

### Student Residency (Identifying students who may qualify to receive additional services):

<b>Lives with:</b> Both Parents Mother Father Other:	<input type="checkbox"/> <b>In a home you own or rent</b> <input type="checkbox"/> <b>Temporarily with another family in a house, mobile home, RV, or apartment</b> <input type="checkbox"/> <b>Other (please specify):</b>
<b>Custody:</b> Both Parents Joint Custody Mother Only / Father Only	<b>Has this student ever attended a school in the Snake River School District? Yes / No</b>
<b>Copy of Custody papers on file: Yes / No</b>	

Father's Name \_\_\_\_\_  
(Last) (First)

Father's Home Phone ( ) \_\_\_\_\_ Father's Cell Phone ( ) \_\_\_\_\_ Father's E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Street Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Father's Employer \_\_\_\_\_ Day/Work Phone ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_  
(Last) (First)

Mother's Home Phone ( ) \_\_\_\_\_ Mother's Cell Phone ( ) \_\_\_\_\_ Mother's E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Street Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mother's Employer \_\_\_\_\_ Day/Work Phone ( ) \_\_\_\_\_

Custodial/Guardian's Name (if different than parent's name) \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

Custodial/Guardian's Home Phone ( ) \_\_\_\_\_ Custodial/Guardian's Cell Phone ( ) \_\_\_\_\_

Custodial/Guardian's E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Street Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Custodial/Guardian's Employer \_\_\_\_\_ Day/Work Phone ( ) \_\_\_\_\_

List 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 Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Contact #2 Name (Last/First) \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone Numbers: Cell ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Contact #3 Name (Last/First) \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone Numbers: Cell ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

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 \_\_\_\_\_

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; 4 shots of Polio; 2 shots of MMR; 3 shots of Hepatitis B, 2 shots of Hepatitis A, 2 Varicella, (Children not in compliance must be excluded.) Mark here if child has had chickenpox   
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 Speech Defect Ear Infections Hearing Loss Epilepsy Serious Injury Operation  
Congenital Defects Heart Condition Cystic Fibrosis Rheumatic Fever Cerebral Palsy Frequent Respiratory Infection Diabetes

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

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



# Snake River School District 52

David L. Kerns, B.S., M.Ed., Ed.S.  
Superintendent

## Home Language Survey

Our school district, along with the Idaho State Department of Education and the Office for Civil Rights, require that students' language(s) are identified. This survey's purpose is to determine whether they are potentially eligible for language services.

<b><u>Student Name:</u></b>		<b><u>Date:</u></b>	
<b><u>Birthdate:</u></b>		<b><u>Gender:</u></b>	Male      Female
<b><u>School:</u></b>		<b><u>Grade:</u></b>	

1. What language(s) are spoken in the home? \_\_\_\_\_
2. What language(s) does your student speak most often? \_\_\_\_\_
3. What language(s) did your student first learn? \_\_\_\_\_
4. Which language does your child speak with you? \_\_\_\_\_
5. Which language do you use when speaking with your child? \_\_\_\_\_
6. Which language do you want phone calls and letters? \_\_\_\_\_
7. What is your relationship to the child?       Mother       Father       Guardian  
 Other (specify) \_\_\_\_\_
8. Is there any additional information you would like the school to know about your child?  
\_\_\_\_\_

## Bus Data

New Student: \_\_\_\_\_ Student Checkout: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last Middle First

Birthdate: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Day Care Info: \_\_\_\_\_  
Name of Day Care or Babysitter

\_\_\_\_\_  
Contact Person at Day Care: Phone:

\_\_\_\_\_  
Address (In district only)

Parent's Name: \_\_\_\_\_