

(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

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)

Custodial Information (if applicable) Please Circle:

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

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

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.

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

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?



Idaho Migrant Education Program



Parent Employment Survey

Versión en español en el otro lado de la hoja

The information provided below is used to identify students who may qualify to receive additional educational services. A program employee may contact you for further information if needed. All information is kept confidential. The Idaho Migrant Education Program is a Title I, Part C program of the Idaho Department of Education.











Child's Name: _____ District: _____ Date: _____

Birthdate: _____ School: _____ Grade: _____

1. In the past three years, has your family lived in another school district? This includes other school districts in Idaho, or another state or country.

Yes _____ (continue to #2) No _____ (stop here)

2. In the past three years, has anyone in your household had a job working with any of these products (not including on your own property) on a farm, in a field, in a greenhouse, in a nursery or in a factory? Please check any that apply.

 <input type="checkbox"/> Livestock (cattle, pigs, sheep, dairy, etc.)	 <input type="checkbox"/> Hops	 <input type="checkbox"/> Crops (corn, potatoes, beans, wheat, sugar beets, etc.)	 <input type="checkbox"/> Sorting or packing (onions, potatoes, etc.)	 <input type="checkbox"/> Processing (meat, fruit, trees, etc.)
 <input type="checkbox"/> Trees & timber	 <input type="checkbox"/> Fruits	 <input type="checkbox"/> Alfalfa	 <input type="checkbox"/> Nursery, sod, greenhouse	 <input type="checkbox"/> Field preparation

If you checked one or more, continue to #3. If none of these _____ (stop here)

3. Parents' Names: _____ Phone: _____

Address: _____ City: _____

Please list all other children in the household less than 22 years of age:

Name	Birthdate	School	Grade

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: _____