

IDAHO CITY HIGH SCHOOL AND MIDDLESCHOOL ENROLLMENT

BASIC STUDENT DEMOGRAPHICS:

Legal Last Name _____ Legal First Name _____

Preferred Last Name _____ Preferred First Name _____

Legal Middle Name _____ Gender: M F Date of Birth _____

Home Phone _____

Ethnicity _____ Social Security Number _____

(Choose one of the following Federally Mandated Categories)

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black – Not of Hispanic Origin
- Hispanic
- White – Not of Hispanic Origin

The student social security number is being requested on a voluntary basis and will be used for student identification only. The SSN will not be sold or exchanged with any other outside agency without your written permission.

Grade Level _____ Have you ever repeated a grade? Y N (Circle one)

Home Address _____ Apt # _____

City _____ County _____ Zip _____

Mailing Address, if different _____

City _____ Zip _____

SPECIAL PROGRAMS

Check all special programs or services in which the student has participated:

- Special Education/OT/PT/Speech Therapy
- Medicaid ID # _____
- International Baccalaureate
- Reading or Math Support (LAP/LASER/Title1)
- ESL/ELL
- Gifted/Highly Capable
- Summer School
- Native American

PARENT INFORMATION:

Custody:

- Both Parents
- Father Only
- Foster Family
- Grandparent Only
- Social Agency
- Joint Custody
- Legal Guardian
- Mother Only
- Self/Independent Adult

Student lives with:

- Agency
- Both Parents
- Father
- Father/Stepparent
- Foster Parent(s)
- Grandparent(s)
- Guardian
- Mother
- Mother/Stepparent
- Other
- Self
- Stepfather/Stepmother

Legal Documentation on File Yes No

List the parents/guardians the student lives with first.

First Parent/Guardian (Primary Contact)

Last Name _____ First Name _____

Relationship to Student _____ Lives with Student Yes No

Address, if different from Student's _____

List as an Emergency Contact? Yes No Decision Maker? Yes No Primary Language _____

Employer _____ Business Phone _____ Ext. _____ Available at work? Yes No

Home phone _____ Cell phone _____ Pager _____

**Email Address- _____ Copy of Correspondence/Grade Reports? Yes No

Residence Area: Idaho City Clear Creek Mores Creek Wilderness Ranch Centerville Placerville Robie Creek

Circle One Above: ↑

Second Parent/Guardian

Last Name _____ First Name _____

Relationship to Student _____ Lives with Student Yes No

Address, if different from Student's _____

List as an Emergency Contact? Yes No Decision Maker? Yes No Primary Language _____

Employer _____ Business Phone _____ Ext. _____ Available at work? Yes No

Home phone _____ Cell phone _____ Pager _____

****Email Address-** _____ Copy of Correspondence/Grade Reports? Yes No

Third Parent/Guardian

Last Name _____ First Name _____

Relationship to Student _____ Lives with Student Yes No

Address, if different from Student's _____

List as an Emergency Contact? Yes No Decision Maker? Yes No Primary Language _____

Employer _____ Business Phone _____ Ext. _____ Available at work? Yes No

Home phone _____ Cell phone _____ Pager _____

****Email Address-** _____ Copy of Correspondence/Grade Reports? Yes No

Fourth Parent/Guardian

Last Name _____ First Name _____

Relationship to Student _____ Lives with Student Yes No

Address, if different from Student's _____

List as an Emergency Contact? Yes No Decision Maker? Yes No Primary Language _____

Employer _____ Business Phone _____ Ext. _____ Available at work? Yes No

Home phone _____ Cell phone _____ Pager _____

****Email Address-** _____ Copy of Correspondence/Grade Reports? Yes No

OTHER EMERGENCY CONTACTS: Include Daycare Information here. List additional Emergency Contacts on a separate page.

First Emergency Contact

Last Name _____ First Name _____

Relationship to Student _____ Lives with Student Yes No

Address, if different from Student's _____

Employer _____ Business Phone _____ Ext. _____ Available at work? Yes No

Home phone _____ Cell phone _____ Pager _____

Second Emergency Contact

Last Name _____ First Name _____

Relationship to Student _____ Lives with Student Yes No

Address, if different from Student's _____

Employer _____ Business Phone _____ Ext. _____ Available at work? Yes No

Home phone _____ Cell phone _____ Pager _____

SIBLING INFORMATION (Add additional siblings on a separate page)

Name	Relationship	Age	Gender	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDICAL/HEALTH INFORMATION

Physician Name _____ Phone Number _____
 Health Concerns _____
 Life Threatening Conditions _____
 Restriction for Religious Belief (if applicable) _____

* In case of emergency, 911 will be called to evaluate your child. Parent/Guardian will be notified as soon as possible.

PG-13 Films – Parental Permission: Films are shown as part of the curriculum in certain courses. It is the policy of the Basin School District that no R-rated films are shown in class and that permission be obtained for PG-13 films. If you DO NOT wish for your child to view PG-13 rated films, please check the box to the left.

OTHER STATE REQUIRED STUDENT INFORMATION

Country of Birth _____ City/State of Birth _____
 Country of Citizenship _____ Immigration Status _____
 Entry Date _____ Primary Language _____ Language spoken at home _____
 Date Student First Entered School in U.S. _____

PREVIOUS SCHOOL INFORMATION

#1 School Name _____ District _____
 City/State _____ Grades attended _____
 Entry Date _____ Withdrawal Date _____
 #2 School Name _____ District _____
 City/State _____ Grades attended _____
 Entry Date _____ Withdrawal Date _____
 #3 School Name _____ District _____
 City/State _____ Grades attended _____
 Entry Date _____ Withdrawal Date _____
 #4 School Name _____ District _____
 City/State _____ Grades attended _____
 Entry Date _____ Withdrawal Date _____

From time to time, school photographers take pictures of our students during school functions. We would like to place some of these pictures on our website.

Please check the box to the left if you do **NOT** want your child’s picture appearing on the web site.

In the event of an accident or illness, I authorize the school authorities to obtain emergency medical attention for my child if I cannot be contacted.

 Parent/Guardian Signature Today’s Date