

# Teton School District No. 401 Student Enrollment Form

FormR-1 rev 2\_6/4/13

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

**Race/Ethnicity**  
 Is the student Hispanic/Latino?  Yes  No  
 Is the student from one or more of these races?  
 (Check all that apply):  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White

Grade Level: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  Male  Female  
 Place of Birth: \_\_\_\_\_  
 1st Language: \_\_\_\_\_ 2nd Language: \_\_\_\_\_

**Primary Household**  
 Household Phone: \_\_\_\_\_  Private Student's Cell Phone:   
 Residence Address: \_\_\_\_\_  Private  
Number Street Apt/Trlr  
City State Zip  
 Mailing (if different): \_\_\_\_\_  Private  
Number Street Apt/Trlr  
City State Zip

**Parent/Guardian (Living in this Household)**  
 Name: \_\_\_\_\_  
Last First Middle Relationship to Student  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Parent Notification Options  Messenger (Phone)  Mailing  Email

**Parent/Guardian (Living in this Household)**  
 Name: \_\_\_\_\_  
Last First Middle Relationship to Student  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Parent Notification Options  Messenger (Phone)  Mailing  Email

**Other District 401 Students (Living in this Household)**

	<u>Name</u>	<u>School Attending</u>	<u>Grade</u>	<u>Relationship to Student</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Emergency Contacts:** *If parent/guardian cannot be reached, please provide information for people we may contact in case of emergencies. (Prefer non-household)*

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Comments (Relationship to Student)</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Custodial Information (if applicable):** *To assist us in complying with legal actions, please provide us with a copy of legal documents. e.g. Court orders, foster parent placement forms, or notarized temporary guardianship forms.*  
 Custody papers on file?  Yes  No Custody:  Mother only  Father only  Joint Non Custodial Parent:  See?  Pick up?

<b>Continue on next page</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
<p><b>For Office Use Only</b> Race/Ethnicity Determination: <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Observer</p> <p><input type="checkbox"/> Certified Birth Certificate <input type="checkbox"/> Proof of Residency  <input type="checkbox"/> Immunization Records <input type="checkbox"/> Home Language Survey  <input type="checkbox"/> Immunization Exempt Form <input type="checkbox"/> Check-out from Previous School  <input type="checkbox"/> Health History <input type="checkbox"/> Physical Form (secondary)</p>	<p>Date Enrolled: _____                  Home Room (if assigned): _____</p>	<p><b>Entered into Campus</b>                  Date: _____                  School: _____</p>

Teton School District No. 401  
Student Registration Form

FormR-1 rev 2\_6/4/13

**Secondary Household - If the student lives in both households, please check here**

Household Phone: \_\_\_\_\_  Private

Residence Address: \_\_\_\_\_  Private

Number Street Apt/Trlr

City State Zip

Mailing (if different): \_\_\_\_\_  Private

Number Street Apt/Trlr

City State Zip

**Parent/Guardian (Living in this Household)**

Name: \_\_\_\_\_

Last First Middle Relationship to Student

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Notification Options  Messenger (Phone)  Mailing  Email

**Parent/Guardian (Living in this Household)**

Name: \_\_\_\_\_

Last First Middle Relationship to Student

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Notification Options  Messenger (Phone)  Mailing  Email

**Other District 401 Students (Living in this Household)**

	Name	School Attending	Grade	Relationship to Student
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Student Residency:** (Helps identify students who may qualify to receive additional services)

Where does the student stay at night?  In a home you own or rent  Other (Please specify): \_\_\_\_\_  
 Temporarily with another family in a house, mobile home or apartment

**Previous School Information:**

Last School Attended: \_\_\_\_\_

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

City State Zip

If known, please provide Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please mark any special programs/services that student received at his/her previous school:**

- Special Education Services  Title I Reading Services  Counseling Services  Speech/Language Services
- Gifted/Talented Services  Title I Math Services  504 Plan  ESL/LEP Services

**Has student attended a Teton School District 401 school before?**  Yes  No

If Yes, provide the School, Grade and Year: \_\_\_\_\_

**Has student ever been expelled from any school district?**  Yes  No

If Yes, provide the District: \_\_\_\_\_ Date: \_\_\_\_\_

**Health:**

Had Varicella (chicken pox)?  Yes  No Immunized for Varicella (chicken pox)?  Yes  No

List any health problems or special needs of the student: \_\_\_\_\_

Allergies (hay fever, bee stings, food, medications, etc): \_\_\_\_\_

**Media Consent:** Occasionally the newspaper or television will visit our school to report on one of our programs. They may want to interview or photograph students involved in school activities. In order for your student to participate, we need your consent.

May your student participate in media coverage of a school activity or program?  Yes  No

**Transportation to and from School:**

Walk  Parent Drives  Student Drives  School Bus, Bus # \_\_\_\_\_  Other, Explain: \_\_\_\_\_

Friend/Relative Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Daycare Name of Daycare: \_\_\_\_\_ Phone: \_\_\_\_\_