

Student ID # _____ Proof of Age _____ Proof of Residency _____
Reg Date _____ Records Requested _____ Records Rcd _____
Waiver District _____ Service Area _____
Class of _____ Bus # to School _____ Bus # from School _____

NORTH GEM SCHOOL DISTRICT ENROLLMENT FORM

BASIC STUDENT DEMOGRAPHICS:

Legal Last Name _____ Legal First Name _____
Preferred Last Name _____ Preferred First Name _____
Legal Middle Name _____ Gender: M F Date of Birth _____
Proof of Age Shown _____ Home Phone _____ Unlisted? Yes No
Grade Level _____

Please answer both Race and Ethnicity questions

(Choose all that apply)

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

(Choose one:

- ☐ Hispanic/Latino of any race
- ☐ Non-Hispanic/Latino

Night Residence _____ Apt # _____

City _____ County _____ Zip _____

Mailing Address, if different _____

City _____ Zip _____ Proof of Residency _____

SPECIAL PROGRAMS

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

- ☐ Special Education/OT/PT/Speech Therapy
- ☐ Head Start
- ☐ International Baccalaureate
- ☐ Reading or Math Support (LAP/LASER/Title1)
- ☐ 504 plan
- ☐ ESL/ELL
- ☐ Gifted/Highly Capable
- ☐ Summer School
- ☐ Native American Education
- ☐ Other:

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

Restrictions for Custody (if applicable) _____

Legal Documentation on File Yes No

PARENT/GUARDIAN List the parents/guardians the student lives with first.

First 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 Speaks English? Yes No Primary Language _____

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

Home phone _____ Cell phone _____ Pager _____

Email Address _____ Copy of Correspondence? Yes No

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 Speaks English? Yes No Primary Language _____

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

Home phone _____ Cell phone _____ Pager _____

Email Address _____ Copy of Correspondence? 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 Speaks English? Yes No Primary Language _____

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

Home phone _____ Cell phone _____ Pager _____

Email Address _____ Copy of Correspondence? 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 Speaks English? Yes No Primary Language _____

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

Home phone _____ Cell phone _____ Pager _____

Email Address _____ Copy of Correspondence? 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 _____

Speaks English? Yes No Primary Language _____

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

Home phone _____ Cell phone _____ Pager _____

Email Address _____

Second Emergency Contact

Last Name _____ First Name _____

Relationship to Student _____ Lives with Student Yes No

Address, if different from Student's _____

Speaks English? Yes No Primary Language _____

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

Home phone _____ Cell phone _____ Pager _____

Email Address _____

SIBLING INFORMATION (Add additional siblings on a separate page)

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

MEDICAL/HEALTH INFORMATION

Physician Name _____ Phone Number _____
Dentist 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.

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. _____
Migrant Worker? Yes No Moved in the Last 36 Months? Yes No

Student's personal email address _____

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 _____

Parent/Guardian Signature

Today's Date

North Gem School District #149

Statewide 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?
