

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:

- | | |
|--|--|
| <input type="checkbox"/> Special Education/OT/PT/Speech Therapy | <input type="checkbox"/> ESL/ELL |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Gifted/Highly Capable |
| <input type="checkbox"/> International Baccalaureate | <input type="checkbox"/> Summer School |
| <input type="checkbox"/> Reading or Math Support (LAP/LASER/Title I) | <input type="checkbox"/> Native American Education |
| <input type="checkbox"/> 504 plan | <input type="checkbox"/> Other: _____ |

PARENT INFORMATION:

Custody:

- | | |
|---|---|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Joint Custody |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Foster Family | <input type="checkbox"/> Mother Only |
| <input type="checkbox"/> Grandparent Only | <input type="checkbox"/> Self/Independent Adult |
| <input type="checkbox"/> Social Agency | |

Student lives with:

- | | |
|--|--|
| <input type="checkbox"/> Agency | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother/Stepparent |
| <input type="checkbox"/> Father/Stepparent | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foster Parent(s) | <input type="checkbox"/> Self |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> 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?

North Gem School District #149
Preschool Program
Background Information for Preschool Students

Child's Name _____ Birthday _____
Mother/Guardian _____ Age _____ Occupation _____
Father/Guardian _____ Age _____ Occupation _____
Address _____
Mailing address (if different from above) _____
Home Phone _____ Mom Cell _____ Dad Cell _____
Dad work _____ Mom work _____
Emergency contact _____ Phone _____
List siblings and their ages: _____
Are there other members of the household? If so, list name, age and relationship: _____
Is your child toilet trained? _____ Describe assistance needed and words used: _____
Does your child nap, and if so when? _____
What time does your child go to bed at night? _____
Does your child have any unusual fears? _____
Does your child have any problems with vision or hearing? If so please explain: _____
Does your child have any health problems we should be aware of? If so please explain: _____
Are there any foods or drinks that your child should not have (food allergies)? _____
What does your child usually eat for breakfast? _____
Thinking about preschool snacks) What kind of foods does your child like? (give examples) _____
Do you have any concerns about any aspect of your child's development? _____
Do you feel your child's speech is clear? _____
Can strangers understand when they speak? _____
List any illnesses your child has had: _____
Does your child have frequent colds? _____ Earaches? _____ Stomachaches? _____
Sore throats? _____ Fevers? _____
Has your child had any serious accidents or operations? If so please describe: _____
Does your child have any other allergies (not covered in food question above)? If so explain: _____
Does your child take any medications? If so please describe: _____
When was the last time your child went to a doctor? _____
Dentist? _____
Are there any special medical, physical, or emotional needs of which the school or staff should be aware? _____

How much time each day does your child spend watching TV or movies? _____

What are your child's favorite activities? _____

What does your child enjoy doing with mother? _____

father? _____

Does your child play well alone? _____ In groups? _____

Are there neighborhood playmates? _____ If so, whom does your child usually play with? _____

Does your child accept correction easily? _____

What is the method of discipline or behavior control used in your home? _____

Please circle items below that describe your child:

- | | | | | | | |
|-----------|------------|--------------|--------|---------------|-----------|-------------|
| Happy | Aggressive | Friendly | Moody | Clumsy | Dependent | Stubborn |
| Impulsive | Fearful | Good-natured | Quiet | Even-tempered | Sleepy | Sympathetic |
| Sleepy | Attentive | Shy | Active | | | |

Other: _____

Please check and give example if applicable of the following things our child has learned to do:

Say some nursery rhymes _____ Sing some songs _____

Listen to stories _____ Say first name _____ Say last name _____

State their age and gender _____ Dress independently _____

Follow simple one-step directions _____ Ride tricycle _____

What colors does your child recognize _____ Write their name _____

Please note additional significant accomplishments _____

Has your child had group play experience other than with siblings? If yes explain: _____

Has your child been cared for by someone besides family? If yes explain: _____

Has your child gone to preschool or daycare before? _____

Please describe previous experiences: _____

What do you hope will be included in your child's preschool program this year? _____

What interests does your child have? _____

Is there anything else you would like us to know about your child that may not have been covered in this questionnaire? _____

North Gem School District #149
Preschool Program
Program Information for the 2019 - 2020 School Year

Student Name:		Student Plan: <div style="text-align: right;">[IEP []Peer</div>	
Method of Transportation: <input type="checkbox"/> Walk to and from school <input type="checkbox"/> Ride bus from school (PM) <input type="checkbox"/> Carpool <input type="checkbox"/> Parents <input type="checkbox"/> Other:		Snack: <input type="checkbox"/> I don't want my child to eat school provided snack <input type="checkbox"/> I do want my child to eat school provided snack	

Session Code / Days: <input type="checkbox"/> A (Mon/Wed) PM <input type="checkbox"/> B (Mon-Thurs) Students IEP and peer models on case by case basis	Session Times: <input type="checkbox"/> PM Mon/Wed: 1:45-3:55 or <input type="checkbox"/> PM Mon-Thurs 1:45-3:55
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Fee Schedule:	Session : _____ Frequency: _____ Semester: _____ Annually: _____ Fees are due as noted below IEP Student-no fee due to grant	
Session	<i>Semester-Due by the 1st preschool day of semester (Sept. and Jan.)</i>	<i>Annually—Due by the 1st preschool day of the year (Sept.)</i>
a* A	\$75 (2 payments = \$150/yr.)	\$150(1 payment)
B	Paid by grant	Paid by grant

Days Out—subject to change.	Semester 1	Semester 2
District calendar	Sept. 6 Oct. None Nov. 24-25 Dec. 22-30	Jan. None Feb. 14 Mar. 21-24 Apr. None
Preschool calendar 1st Session begins Sept. 7 Last session ends April 29	Sept. None Oct. None Nov. None Dec. 21	

Preschool phone number: (208) 648-7848 ex. 38
 PLEASE Fill out completely and email back to jmcculloch@sd149.com