



Potlatch School District 2022-2023 Student Enrollment Form

First Day of Enrollment: _____ Grade Level: _____

Student's LEGAL Name: _____
First/ Given Middle Surname/ Family Name

Also Known As: _____ Male Female

Date of Birth: _____ Place of Birth: _____

Ethnicity (Optional) Check all that apply:

- American Indian/ Alaska Native
- Asian
- Black/ African American
- Pacific Islander
- White
- Hispanic

Last School Attended if out of District: _____

Address: _____

City: _____ State: _____ Zip: _____

Has the student ever attended a Potlatch School before? Yes No

If yes, provide the School, Grade and Year: _____

Special Services at Previous School? Yes No

Program: _____

Custodial Information (if applicable)

Custody:

Mother Father Joint

Non-Custodial Parent:

- Permission to see
- Permission to Pick Up

Copy of Custody Papers on File:

- Yes
- No

Home Language: _____

Medical Information: _____

Immunizations: _____

Allergies: _____

Current Medication/ Asthma Inhaler: _____

Other Medical Conditions: _____

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

Where does the student stay at night?

- In a home you own or rent
- Temporarily with another family in a house, mobile home or apartment
- Other (please specify): _____

Primary Household

Home Phone: _____ Private Effective Date: _____

Residence Address: _____ Private

Number Street Apt/ Lot

City State Zip

Mailing (if different): _____ Private

Number Street Apt/ Lot

City State Zip

Parent/ Guardian (Living in this Household)

Name: _____
First/ Given Middle Surname/ Family Name Relation to Student

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Parent/ Guardian (Living in this Household)

Name: _____
First/ Given Middle Surname/ Family Name Relation to Student

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

For Office Use Only:

- Certified Birth Certificate
- Immunization Records
- Immunization Exempt Form
- Health History
- Proof of Residency
- Home Language Survey
- Check-out from previous school
- Physical Form

Generally, a student is eligible for transportation if their residence is 1.5 miles or more from their school, or within a board-approved safety busing area. If you believe your child is eligible, check here to apply for school bus transportation: _____

Parent/ Guardian Signature: _____

Date: _____

(PLEASE COMPLETE BACK PAGE OF FORM)



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

Home Phone: _____ Private _____ Effective Date: _____

Residence Address: _____ Private _____
Number Street Apt/ Lot

Mailing (if different): _____ Private _____
City State Zip

Number Street Apt/ Lot
City State Zip

Parent/ Guardian (Living in this Household)

Name: _____
First/ Given Middle Surname/ Family Name Relation to Student

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Parent/ Guardian (Living in this Household)

Name: _____
First/ Given Middle Surname/ Family Name Relation to Student

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Emergency Contacts *(Please provide a person or persons (other than parents) who could be contacted in an emergency)*

Emergency Contact: _____ Cell Phone: _____

Relationship to student: _____ Work Phone: _____

Emergency Contact: _____ Cell Phone: _____

Relationship to student: _____ Work Phone: _____

Doctor: _____ Phone: _____

All Children Living in Primary Household

Legal Name	Birth Date	Grade	School Child Attends

Please return completed form to:

Potlatch Jr-Sr High School

130 6th St

Potlatch, ID 83855

Phone: (208) 875-1231

Fax: (208) 875-1028

Parent Signature: _____

Date: _____