

_____ School Year



Potlatch School District 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

Custodial Information (if applicable)

Program: _____

Custody:

Home Language: _____

Mother Father Joint

Medical Information: _____

Non-Custodial Parent:

Immunizations: _____

- Permission to see
- Permission to Pick Up

Allergies: _____

Copy of Custody Papers on File:

Current Medication/ Asthma Inhaler: _____

- Yes
- No

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

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: _____

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

Legal Name Birth Date Grade School Child Attends

Legal Name Birth Date Grade School Child Attends

Legal Name Birth Date Grade School Child Attends

Legal Name Birth Date Grade School Child Attends

Legal Name Birth Date Grade School Child Attends

STUDENT PERMISSION FORM – POTLATCH ELEMENTARY SCHOOL

During the course of the school year your child will have the opportunity to participate in a number of activities for which parent permission is required. Rather than send home a permission slip for each activity, all of them will be listed below and you are asked to sign this one form.

If you object to a particular activity, please check the space indicated ***Only Check Boxes If You **DO NOT** Want Your Child to Participate*

- VISION SCREENING** (this is done in all grades by the school nurse)
- HEARING SCREENING** (this is done by the school nurse in grades kindergarten, 1st Grade, 3rd Grade and 6th Grade)
- GROWING UP CLASSES** (this applies to 4th, 5th, and 6th grade students). The school nurse will show a video to separate groups of boys and girls and provide an opportunity for students to ask questions. These classes include the Sex Education Curriculum approved by the school district.
- NAME & PICTURE** released to news media/ internet. There are times the local paper does articles on our classrooms and activities.
- FIELD TRIPS** (children are transported by school bus and are with their teacher and parent volunteers)

I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ABOVE LISTED ACTIVITIES THAT ARE APPLICABLE.

Parent Signature: _____ Date: _____

- IF THERE ARE ANY CHANGES FROM LAST YEAR, PLEASE CHECK THE BOX AND CIRCLE THE ITEM(S).**