

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

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

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

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: _____