



Home of the Vikings

# Registration Form

**Challis Elementary**

PO Box 304  
1000 E. Bluff Ave  
Challis, ID 83226  
(208) 879-2439  
FAX (208) 879-5525

Date: \_\_\_\_\_

\*Do you live within the boundaries of the Challis School District? Yes \_\_\_ No \_\_\_

\*If your child is entering Kindergarten, does his/her birthday fall before September 1<sup>st</sup>? Yes \_\_\_ No \_\_\_

Child's Legal Name on Birth Certificate: \_\_\_\_\_

Nickname: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date (MO/DAY/YR): \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Birthplace: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Ethnicity: \_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ American Indian \_\_\_ Asian/Pacific Islander

Child lives with: \_\_\_ Mother \_\_\_ Father \_\_\_ Stepparent \_\_\_ Guardian

Are you a Migrant Family? \_\_\_ Yes \_\_\_ No

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work#: \_\_\_\_\_

Stepparent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name a person to contact in case of an emergency and parents cannot be reached:  
\_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Dr. Preference: \_\_\_\_\_ Phone #: \_\_\_\_\_

CONTINUE ON BACK...



Last School Child Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is your student on any of the following?  An IEP  A 504 Plan  Other: \_\_\_\_\_

Language spoken in the home: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_

Names and Ages: \_\_\_\_\_ Names and Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Health Information\***

According to Idaho State Law, all children must be fully immunized OR an exemption form must be filled out before they will be allowed to attend school. Please provide the school with proof of immunizations.

Are your child's immunizations up to date?  Yes  No

Does your child wear glasses and/or contacts?  Yes  No

Does your child wear hearing aids?  Yes  No

\*\*\*\*\*

**\*Child Custody Information\***

Idaho State law allows for both custodial and non-custodial parents to have access to their child's school records (this includes school activities, meetings and conferences with teachers and other school personnel) UNLESS a court document states otherwise. In addition, the provision of school counseling services need only be requested by ONE parent. Should there be a court document that restricts the rights of a parent, guardian, or specific person, the school personnel MUST be notified, AND a copy of the court documents must be present in the child's school file.

I/We understand the provisions of the law and recognize the rights of both custodial and non-custodial parents.

I/We understand the provisions of the law and do have court-ordered documentation restricting the rights of \_\_\_\_\_, \_\_\_\_\_  
(Name) (Relationship to Child)

The restricted rights include \_\_\_\_\_  
\_\_\_\_\_

A copy of the court documentation has been provided and is in the child's school file.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHALLIS ELEMENTARY SCHOOLS ANNUAL ENROLLMENT FORM**

*(Information on this form is used for all contact purposes, including emergencies. Please complete all information accurately and update the school anytime the information changes. One form per family may be completed.)*

| <b>Student's Name (Last, First) Oldest to Youngest</b> | <b>Date of Birth</b> | <b>Grade</b> | <b>Teacher</b> |
|--|----------------------|--------------|----------------|
|  |                      |              |                |
|  |                      |              |                |
|  |                      |              |                |
|  |                      |              |                |

Name of Guardian with whom the child/children reside with: \_\_\_\_\_

Is your child eligible to ride the bus? \_\_\_\_\_

Permission to ride bike or walk to school? \_\_\_\_\_

**Parent Information:**

Parent 1: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Mailing Address:

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physical Address:

Physical Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent's Employer: \_\_\_\_\_

Parent's Employer: \_\_\_\_\_

Parent's Work Phone: \_\_\_\_\_

Parent's Work Phone: \_\_\_\_\_

**Emergency Contact Information:** (medical, disciplinary, or emergency) when the parent cannot be reached.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Mid-Day Emergency School Closure:** If there is a mid-day emergency and school is closed and we are unable to use the phone to contact you, school procedure is to send the children to their "end of the day" destination. If this is not acceptable, please provide us with an **alternate destination.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Bus Number & Driver: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

List any Medical Conditions your child has (Diabetic, Allergies, etc): \_\_\_\_\_

Other Concerns the school should be aware of about your child: \_\_\_\_\_

**Child-Custody Information**

Is there child-custody information for which we need to be aware of?  Yes  No

If yes, please explain, including contact rights or other pertinent information and provide the school with a copy of appropriate legal documents.

**Handbook for the Parents of Elementary Students of Challis District Elementary Schools**

Once you have read the handbook and had a chance to go over it with your student(s) it is important to sign below acknowledging you and your students are familiar with its contents. All students and parents will be required to follow the rules and policies outlined in this book.

Student's Name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Publication**

Every Year our students participate in many activities that we would like to publicize. This may be participating in a class project, school assembly, or it may be that they have received some special recognition like being student of the week or getting straight A's for a semester. Their name and/or picture could be in the local newspaper or on the school's web page. Before we publish their names, we would like to have your permission to do so. Please mark your desires below and sign.

\_\_\_\_\_ Yes, I give my permission for my student(s) photo and/or name to be published in conjunction with the school.

\_\_\_\_\_ No, I do not give my permission for my student(s) photo and/or name to be published in conjunction with the school.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Challis Joint School District #181

PO Box 304\*Challis, Idaho 83226

## Ethnicity/Race Form

School Name: \_\_\_\_\_

Student Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

### **\*Race and Ethnicity:**

Is this student Hispanic/Latino?  Yes, Hispanic/Latino  No, Not Hispanic/Latino

What is the student's race?

American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White

Language spoken at home: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

I attest that the information contained herein is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Challis Joint School District #181

PO Box 304\*Challis, Idaho 83226

## Student Residency Questionnaire

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive. (McKinney-Vento Act 42 U.S.C. 11435) The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

| Student Name  |   |         | School                   |                |
|---|---|---------|--------------------------|----------------|
| Gender  | Date of Birth   | Phone # | Grade                    | Teacher        |
| Is the student living with a parent or legal guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |         |                          |                |
| If no, with whom is the student living?   |   |         | Relationship to student? |                |
| Check (✓) one   | Please identify the student's current living arrangement  |         |                          | For School Use |
|   | 1 - Permanent Housing - Rent/own a home/apartment or Doubled-up residency NOT due to economic hardship<br>Please provide address _____                                    |         |                          | P              |
|   | 2 - Doubled-up - Temporarily living with family or friends due to loss of housing, economic hardship, or similar reason<br>Please provide address(es) _____               |         |                          | D              |
|   | 3 - Shelter - Living in emergency or transitional shelter<br>Please provide name of shelter _____   |         |                          | S              |
|   | 4 - Hotel/Motel - Temporarily because of lack of other suitable housing<br>Please provide name of hotel _____   |         |                          | H              |
|   | 5 - Other Temporary Living Situation - In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing. |         |                          | U              |
| Have you moved in the past 3 years to seek work as a paid laborer in any type of farming or fishing? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |         |                          |                |

**Please answer the following, if you checked any of the options 2, 3, 4 or 5**

How long do you expect to be at this address? \_\_\_\_\_

Are you seeking permanent housing? \_\_\_\_\_

Date student moved to this address? \_\_\_\_\_

Please list names of any brothers/sisters below:

| Last Name | First name | M/F | D.O.B | Grade | School |
|-----------|------------|-----|-------|-------|--------|
|           |            |     |       |       |        |
|           |            |     |       |       |        |
|           |            |     |       |       |        |



The undersigned certifies that the information provided above is accurate.

Name of individual filling out form (please print)

Signature

Relation to student

Date

# Challis Joint School District #181

PO Box 304\*Challis, Idaho 83226

## 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.

|                             |  |                       |                  |
|-----------------------------|--|-----------------------|------------------|
| <b><u>Student Name:</u></b> |  | <b><u>Date:</u></b>   |                  |
| <b><u>Birthdate:</u></b>    |  | <b><u>Gender:</u></b> | Male      Female |
| <b><u>School:</u></b>       |  | <b><u>Grade:</u></b>  |                  |

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? \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Translator's Signature (if used)

*Challis School District believes all students should have confidence in their power to embrace learning, to excel and to own their future.*

**Challis Joint School District #181**

P.O. Box 304, Challis, ID 83226

**Student's School Dismissal Plan**

Student: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Dismissal Teacher: \_\_\_\_\_

Does your student ride a bus?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

If YES, what is their riding schedule?  \_\_M \_\_T \_\_W \_\_TH / \_\_AM \_\_PM

Bus # \_\_\_\_\_ Driver Name: \_\_\_\_\_

Bus Stop Address: \_\_\_\_\_

Does your student ride their bike or walk to/from school?  \_\_\_\_\_ YES    \_\_\_\_\_ NO

Does your student get picked up from school?  \_\_\_\_\_ YES    \_\_\_\_\_ NO

If YES, please list all who may be picking up your student?

\_\_\_\_\_

Additional information we may need to know regarding your student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_



# Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil). **INCOMPLETE APPLICATIONS WILL BE DENIED.**

**\*\*If you received notification this school year that your child(ren) is approved for free meals - do NOT complete this form.**

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (If more spaces are required for additional names, attach another sheet of paper)

**Definition of Household Member:** Anyone who is living with you and shares income and expenses, even if not related.  
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

| Child's First Name | MI | Child's Last Name | School & District | Grade | Student?<br>Yes No | Homeless, Migrant, Runaway |
|--------------------|----|-------------------|-------------------|-------|--------------------|----------------------------|
|                    |    |                   |                   |       |                    |                            |
|                    |    |                   |                   |       |                    |                            |
|                    |    |                   |                   |       |                    |                            |
|                    |    |                   |                   |       |                    |                            |
|                    |    |                   |                   |       |                    |                            |

## STEP 2 Provide case number if any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDIPIR

**IF NO CASE NUMBER > Go to STEP 3. IF CASE NUMBER > Write one case number here, then go to STEP 4 (Do not complete STEP 3)**

## STEP 3 Report GROSS Income (before deductions) for ALL Household Members (Skip this step if you answered STEP 2)

**A. Child Income**  
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

**B. All Adult Household Members (including yourself)**  
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Member (First and Last) | Earnings from Work | How often? |           |          | Public Assistance/<br>Child Support/Alimony | Child Income | How often? |        |           | Pensions/Retirement/<br>All Other Income | How often? |         |        |           |          |         |  |  |
|---|--------------------|------------|-----------|----------|---|--------------|------------|--------|-----------|--|------------|---------|--------|-----------|----------|---------|--|--|
|   |                    | Weekly     | Bi-weekly | 2x Month |   |              | Monthly    | Weekly | Bi-weekly |  | 2x Month   | Monthly | Weekly | Bi-weekly | 2x Month | Monthly |  |  |
|   | \$                 |            |           |          |   | \$           |            |        |           |  |            |         |        |           |          |         |  |  |
|   | \$                 |            |           |          |   | \$           |            |        |           |  |            |         |        |           |          |         |  |  |
|   | \$                 |            |           |          |   | \$           |            |        |           |  |            |         |        |           |          |         |  |  |
|   | \$                 |            |           |          |   | \$           |            |        |           |  |            |         |        |           |          |         |  |  |
|   | \$                 |            |           |          |   | \$           |            |        |           |  |            |         |        |           |          |         |  |  |

Flip the page and review the charts titled "Sources of Income" for more information.  
 The "Sources of Income for Children" chart will help you with the Child Income section.  
 The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| X | X | X | X |  |  |  |  |
|---|---|---|---|--|--|--|--|

Check if no SSN

**STEP 4 Contact information and adult signature (all applications MUST be SIGNED by an adult member of the household)**

Street Address (if available) Apt # City State Zip

Printed name of adult signing the form Signature of adult Today's date

Daytime Phone and Email (optional)

## PROVIDE COMPLETED FORM TO THE SCHOOL