

THOMPSON FALLS HIGH SCHOOL
2024-2025 STUDENT ENROLLMENT FORM (new student)

1. Immunization records are **required**. A student may not enroll without presenting them to the office.
2. Proof of enrollment from the sending school is required. Copy of checkout with or without grades will be accepted.
3. Are you a non-resident student? _____ YES _____ NO
4. STATEMENT: I have NOT been **suspended/expelled** by another district _____

Signature

5. Principal's approval to enroll _____

STUDENT INFORMATION:

Signature

Last **First** **Middle** **Grade** **Age**

M/F **Birth Date** **Student Cell Phone** **Social Security Number**

Mailing Address _____ **City** _____ **Zip** _____

Physical Address _____ **City** _____ **Zip** _____

Will the student ride the bus? ___ YES ___ NO

Are you in a transitional living situation (homeless, living with family or friends, etc)? YES _____ NO _____

Father's Name _____ **E-mail** _____

Cell Phone _____ **Home Phone** _____ **Work Phone** _____

Mother's Name _____ **E-mail** _____

Cell Phone _____ **Home Phone** _____ **Work Phone** _____

Local Guardian (if applicable) _____ **E-mail** _____

Cell Phone _____ **Home Phone** _____ **Work Phone** _____

Student Lives with _____

Emergency contact (if parents/guardians are not available):

Name: _____ **Phone:** _____

School last attended _____

Phone Number () _____ **Email Address** _____

Address **City** **State** **Zip**

Was your child in any special programs? YES _____ NO _____ *If yes, please describe* _____

MILITARY CONNECTION: Is the student a dependent of an active duty member of: The US Military, Active Duty National Guard, Active Duty Reserve Force of the US Military, Transitioning out of Active Duty to Nation Guard or Reserve? ___ YES ___ NO

ENGLISH LANGUAGE LEARNERS: What was the first language learned by the student? _____

What language(s) does the student currently use in the home? _____

IN CASE OF INJURY, IF PARENT OR EMERGENCY CONTACT CANNOT BE REACHED, I GIVE PERMISSION FOR THE SCHOOL TO TAKE MY CHILD TO THE DOCTOR/DENTIST, CALL THE AMBULANCE OR DO WHATEVER IS DEEMED NECESSARY. I UNDERSTAND THE SCHOOL DOES NOT CARRY INSURANCE COVERAGE FOR STUDENTS.

Parent/Guardian Signature

Date