



**THOMPSON FALLS JUNIOR HIGH  
STUDENT ENROLLMENT FORM  
2024-2025**

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 \_\_\_\_\_

Signature

6. Complete the remainder of the Enrollment form.

7. See counselor for scheduling.

STUDENT INFORMATION: Student E-Mail \_\_\_\_\_ Student Cell \_\_\_\_\_

\_\_\_\_\_  
Last First Middle Grade Age Race (s)

\_\_\_\_\_  
Birth Date M/F Social Security Number

\_\_\_\_\_  
Primary Language

\_\_\_\_\_  
Mailing Address Physical City

\_\_\_\_\_  
Home Phone Cell Parent E-mail

**\*Communication plays an important part of educational success. Our school uses a variety of ways to communicate. Please mark all methods that work for you:**

Phone  Text Message  Email at \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Who has Legal Custody? \_\_\_\_\_ Student Lives with \_\_\_\_\_ Phone \_\_\_\_\_

Will the student ride the school bus? Yes \_\_\_ No \_\_\_ If yes, how many miles one way? \_\_\_\_\_

School last attended \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_

Street & PO Box City State Zip

Is your child currently taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, kind \_\_\_\_\_

Was your child in any special programs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

If an emergency, call \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of person other than home – relationship

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

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