

# Genesee Joint School District

330 West Ash St Genesee, Idaho 83832



## Student Registration Form

### Office Use Only:

\_\_\_\_ Immunizations on file  
\_\_\_\_ Birth Certificate on file  
\_\_\_\_ Record Request Sent

Student Full Legal Name (First, Middle, Last) \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_ Male \_\_\_\_ Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Home Address

Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

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

County \_\_\_\_\_

### Ethnicity – Please Check

\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_ Asian  
\_\_\_\_ Black/African American  
\_\_\_\_ Hispanic or Latino  
\_\_\_\_ Native Hawaiian/Pacific Islander  
\_\_\_\_ White  
\_\_\_\_ Other \_\_\_\_\_

If the student's primary language is not English, please indicate language: \_\_\_\_\_ (refer to **Home Language Survey**)

### Supporting Military Families

Is the student a dependent of a part-time or full-time member of the National Guard, or Reserve Force of the United States military (Army, Navy, Marine Corps or Air Force)? \_\_\_\_ yes \_\_\_\_ no \_\_\_\_ decline to answer

Is the student a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard? \_\_\_\_ yes \_\_\_\_ no \_\_\_\_ decline to answer

### Father

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Student lives with- Yes or No

### Mother

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Student lives with- Yes or No

### Step Parent/Guardian

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Student lives with- Yes or No

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**Emergency Contacts:** Those listed below may be contacted to pick up your child if parents/guardians are not able to be contacted. Please only list those who can be at the school within 45 minutes.

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

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

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

**Medical Alert:**

Does your child have a health condition the school should be aware of (anything that would warrant immediate attention by staff or medical professionals)? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child need to take a medication at school (daily or for emergency)? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please obtain paperwork from the school office.

**Medical Release:** If I (parent or legal guardian) cannot be personally contacted, I hereby authorize any hospital, licensed physician and/or my child's personal physician to administer emergency treatment to my child in case of accidental injury or sudden severe illness. This release covers the student at school, on field trips or any school sponsored activity. Primary Physician's Office: \_\_\_\_\_.

**EMAIL RELEASE-**

I the undersigned parent/guardian of the above student understand that email is not secure, and since the content of any email message is transmitted in clear text, it may be intercepted by other persons and agencies. I hereby release Genesee Jt. School District and its trustees, officers, employees or agents personally from all legal responsibility or liability that may arise from disclosure via email. I understand by supplying my email that classroom communications, weekly newsletters, emergency closures and general school district information may be sent via email.

The Family Educational Right and Privacy Act (FERPA): The District will not disclose to anyone other than the parents, student or designated employees and officers of the District, personally identifiable information without the prior written consent of the parents or eligible student, unless the disclosure of such information is specifically authorized by FERPA.

**Legal Documents:** If your student has legal documents that pertain to child contact at school (power of attorney, restraining order, child custody, etc.) please check here \_\_\_\_\_. All court documents must be from an Idaho court, current, renewed annually and maintained in the students file. It is the parent/guardian's responsibility to supply and keep documents up to date with the school.

**NEW STUDENTS:** Most recent school attended (name/city/state) \_\_\_\_\_

Was student enrolled in special services? IEP 504 Title 1 Gifted & Talented Other \_\_\_\_\_

Signed (parent or legal guardian) \_\_\_\_\_ Date: \_\_\_\_\_