



# Emmett Independent School District Student Enrollment Form

First Day of Enrollment \_\_\_\_\_ Grade Level \_\_\_\_\_

Students' LEGAL Name: \_\_\_\_\_

First/Given

Middle

Surname/Family Name

Also Known As: \_\_\_\_\_ Last School Attended \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Email \_\_\_\_\_ and Phone \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ School Address \_\_\_\_\_

Special Services at previous School? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Program \_\_\_\_\_

- Ethnicity (Optional) Circle all that apply
- Am Indian/Alaska Native
  - Asian
  - Black/African Am
  - Pacific Islander
  - White
  - Hispanic

### Custodial Information (If applicable)

Custody \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Joint

Non Custodial Parent: \_\_\_\_\_ Permission to see \_\_\_\_\_ Pick up

Transportation

Generally, a student is eligible for bus transportation if their residence is 1.5 miles or more from their school, or within a board-approved safety bussing area. If you believe your child is eligible, check here to apply for school bus transportation.

- For Office Use Only
- Certified Birth Certificate
  - Immunization Records
  - Health History
  - Proof of Residency
  - Home Language Survey
  - Check-Out from previous school

### Primary Household

Home Phone Number \_\_\_\_\_ Private

Effective Date \_\_\_\_\_

Resident Address \_\_\_\_\_

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

### All Children Living in the Primary Household

Legal Name	M/F	D/O/B	Grade	School Child Attends
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Legal Name	M/F	D/O/B	Grade	School Child Attends

Parent /Guardian (Living in this Household) Infinite Campus \_\_\_\_\_ Parent Access \_\_\_\_\_ Mailing \_\_\_\_\_  
Name \_\_\_\_\_ Relation to Student \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Military \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes which branch \_\_\_\_\_

Parent /Guardian (Living in this Household) Infinite Campus \_\_\_\_\_ Parent Access \_\_\_\_\_ Mailing \_\_\_\_\_  
Name \_\_\_\_\_ Relation to Student \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Military \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes which branch \_\_\_\_\_

**Secondary Household - *If the student lives in both households please check here***

Parent /Guardian (Living in this Household) Infinite Campus \_\_\_\_\_ Parent Access \_\_\_\_\_ Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ Relation to Student \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Military \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes which branch \_\_\_\_\_

Parent /Guardian (Living in this Household) Infinite Campus \_\_\_\_\_ Parent Access \_\_\_\_\_ Mailing \_\_\_\_\_  
Name \_\_\_\_\_ Relation to Student \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Military \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes which branch \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relation to student \_\_\_\_\_ Work Phone \_\_\_\_\_  
Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relation to student \_\_\_\_\_ Work Phone \_\_\_\_\_  
Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relation to student \_\_\_\_\_ Work Phone \_\_\_\_\_  
Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

# Emmett School District Parent/Guardian Authorizations

## Acceptable Use of Network:

- I have received a copy, and I will read the Student Acceptable Use Policy.
- I give my permission for my child to access all components of the district network and release the district from any, and all claims and damages of any nature arising from the use of this network.

## Student Handbook:

- I have received a copy, and I will read the Student Code of Conduct.

## Field Trips:

- I give permission for my child to attend any field trips or excursions planned by the school. Students will travel in a school district bus, van driven by a district-designated driver, or a charter bus with school staff chaperones. I will write a note informing the staff if my child will not be participating.

## Student Injuries:

Even with the greatest precautions and the closest supervision, accidents can and do happen at school. They are a fact of life, and a part of the growing-up process our children go through. Parents need to be aware of this and be prepared for possible medical expenses that may arise should their child be injured at school. The school district does not provide medical insurance to automatically pay for medical expenses when students are injured at school. This is the responsibility of the parents or legal guardians. The district carries only legal liability insurance. The district does make student medical insurance available to families for their individual purchase. Brochures outlining the coverage and premiums are handed out at the beginning of the year, and are available at the school office yearlong. Parents, please be prepared to pay for your child's possible medical expenses.

**I have read and understand the above information:**

Signature \_\_\_\_\_ Printed \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_



EMMETT SCHOOL DISTRICT  
**Media Opt-Out Form**

**This form is only necessary to opt out of media release for a student. Please skip this form if opting out is not needed.**

We love celebrating our students and their accomplishments! This often includes sharing their names, photos, and achievements in various ways. Your child’s name or image may appear in the school yearbook, school or district publications, on our websites, or social media platforms. We may also highlight student achievements or events through local newspapers, TV, and radio.

Examples include: yearbook photos, classroom activities and performances, athletic competitions, awards and recognition, and spirit and dress-up days. Please note that these publications may be accessible to the public.

If you do **NOT** want your child’s name, photo, video, participation in activities or sports, or achievements to be shared in any form – including the yearbook – please complete the opt-out section below.

**Important: By completing this form, your child will be excluded from all school or district publications. If opting out is not necessary, this form does not need to be completed.**

I do **NOT** give permission for my child’s name, photo, video image, participation in activities or sports, or achievements to be shared in school or district publications (including yearbooks), posted on school or district websites or social media, or released to media outlets.

I do **NOT** give permission for my child's name, photo, image, participation in activities sports, or achievements to be share in any way, **except in the school yearbook.**

**Student Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Guardian Name** \_\_\_\_\_

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

*Please note: If your child participates in public events (such as athletic games, concerts, or drama productions open to the community), the school/district may have limited or no control over photos or videos taken by the public or media.*

## Medical Information/ Emergency Release

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex:  Male  Female

Primary Care Physician \_\_\_\_\_ Physician Phone Number \_\_\_\_\_

### Over-the-Counter Medication Authorization

**I give permission for the school nurse and/or authorized personnel to give my child the following:**

Acetaminophen/Tylenol  Yes  No      Ibuprofen/Advil  Yes  No

### Health History

**Life Threatening Allergic Conditions (check all that apply)**

Medication required  Epinephrine  Diphenhydramine/Benadryl

Bug bites/Insects: \_\_\_\_\_

Tree nuts/Peanuts: \_\_\_\_\_

Food products: \_\_\_\_\_

Other severe allergies: \_\_\_\_\_

Please check the box if your child has a history of any of the following. More space on back for details

<input type="checkbox"/> Asthma	<input type="checkbox"/> Headaches/Migraines Frequency	<input type="checkbox"/> Seizure Disorder Type
<input type="checkbox"/> Attention Concern <input type="checkbox"/> ADD <input type="checkbox"/> ADHD	<input type="checkbox"/> Head injury history	<input type="checkbox"/> Skin Concern
<input type="checkbox"/> Behavioral Concern	<input type="checkbox"/> Hearing Concern <input type="checkbox"/> Hearing Aids	<input type="checkbox"/> Stomach/ Intestinal Disorder
<input type="checkbox"/> Cardiovascular/Heart Concern	<input type="checkbox"/> Kidney/Bladder Concern	<input type="checkbox"/> Vision Concern <input type="checkbox"/> Glasses/ Contacts
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Muscle/Joint/Bone Disorder	<input type="checkbox"/> Currently under a physician's care for:
<input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Pump <input type="checkbox"/> CGM	<input type="checkbox"/> Nervous System Disorder	<input type="checkbox"/> Past Major Illness/Injury
<input type="checkbox"/> Emotional Concern <input type="checkbox"/> Anxiety	<input type="checkbox"/> Seasonal Allergies	<input type="checkbox"/> Past Hospitalizations/Surgeries

Describe any physical conditions/disabilities not listed above: \_\_\_\_\_

Current Medications the student is taking: \_\_\_\_\_

**I give permission to share this information with staff who need to know:**

Printed name	Signature	Date
Phone Number H: _____	C: _____	Other: _____

### **Medical Consent (Signature Required)**

We hereby consent to the treatment of our minor child by a medical physician or medical personnel at any hospital OR temporary treatment by a registered or licensed practical nurse or emergency medical technician until a medical physician can be obtained for any illness or injury to our minor child while on or adjacent to any school grounds of the Emmett School District. This consent shall include, but not be limited to, any surgery deemed required or desirable for immediate health and medical treatment of our child. This consent shall be effective only if none of the undersigned can be contacted or found by reasonable diligence at the time of the needed medical treatment. This consent shall terminate as soon as any of the undersigned are contacted, in which case further medical treatment can be done only with the consent of the person contacted. This consent shall be valid unless and until revoked in writing by one of the undersigned.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

Use this space if needed for more detail.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_



# Idaho Migrant Education Program



## Parent Employment Survey

*Versión en español en el otro lado de la hoja*

The information provided below is used to identify students who may qualify to receive additional educational services. A program employee may contact you for further information if needed. All information is kept confidential.

Child's Name: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_

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





1. In the past three years, has your family lived in another school district? This includes other school districts in Idaho, or another state or country.

Yes \_\_\_\_\_ (CONTINUE TO #2) No \_\_\_\_\_ (STOP HERE)

2. In the past three years, has anyone in your household had a job working with any of these products or activities (not including on your own property)?

Yes \_\_\_\_\_ (CONTINUE TO #3) No \_\_\_\_\_ (STOP HERE)

Please check all that apply below:

	<input type="checkbox"/> <b>Any Crops</b> Examples: corn, potatoes, beans, wheat, sugar beets, fruits, hops, alfalfa, etc. or field preparations		<input type="checkbox"/> <b>Any Livestock</b> Examples: cattle, pigs, sheep, chickens, dairy
	<input type="checkbox"/> <b>Processing agricultural products</b> Examples: (Sorting, packing, cutting, etc.) onions, potatoes, meat, fruit, trees, etc.		<input type="checkbox"/> <b>Other agriculture</b> Examples: Forestry, nursery plant care, fishing

3. Parents' Names: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please list all other children in the household less than 22 years of age (include children under 5):

Name	Birthdate	School	Grade

# Statewide Home Language Survey - Emmett School District

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.

Student Information	Please Indicate Response
Date:	
Student Name	
Student Birthdate	
School	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade:	

1. What language(s) are spoken in the home?

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2. What language(s) does your student speak most often?

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3. What language(s) did your student first learn?

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4. Which language does your child speak with you?

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5. Which language do you use when speaking with your child?

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6. Which language do you want used for 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?

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### 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	
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
	<b>1 - Permanent Housing</b> - Rent/own a home/apartment or Doubled-up residency NOT due to economic hardship Please provide address _____	P
	<b>2 - Doubled-up - Temporarily</b> living with family or friends due to loss of housing, economic hardship, or similar reason Please provide address(es) _____	D
	<b>3 - Shelter</b> - Living in emergency or transitional shelter Please provide name of shelter _____	S
	<b>4 - Hotel/Motel - Temporarily</b> because of lack of other suitable housing Please provide name of hotel _____	H
	<b>5 - Other Temporary Living Situation</b> - 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"/>		

**If you checked any of the options 2, 3, 4 or 5, please answer the following:**

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	School

**The undersigned certifies that the information provided above is accurate.**

\_\_\_\_\_  
**Name of individual filling out form (please print)      Signature      Relation to student      Date**

**Note:** Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, and immunization records. District Liaison will help the student get any necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to other supports/services provided by the district.