

THOMPSON FALLS HIGH SCHOOL
2025-2026 STUDENT ENROLLMENT FORM *(returning student)*

Are you a non-resident student? ____yes ____no

| | | | | |
|-------------|--------------|---------------|--------------|------------|
| Last | First | Middle | Grade | Age |
|-------------|--------------|---------------|--------------|------------|

Student Cell Phone _____ **Social Security Number** _____

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

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

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:** _____

Name: _____ **Phone:** _____

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 National 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? _____

Will the student ride the bus? ____YES ____NO

Was the student in any special programs last school year? ____YES ____NO

If yes, please describe: _____

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