

THOMPSON FALLS HIGH SCHOOL
2025-2026 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