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_____

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

Ethnicity – Please Check

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

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 Untied 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	Mother	Step Parent/Guardian
Name _____	Name _____	Name _____
Address (if different from above) _____	Address (if different from above) _____	Address (if different from above) _____
Place of Employment _____	Place of Employment _____	Place of Employment _____
Primary Phone (____) _____	Primary Phone (____) _____	Primary Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____	Work Phone (____) _____
Email _____	Email _____	Email _____
Student lives with- Yes or No	Student lives with- Yes or No	Student lives with- Yes or No

Continued on Back

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: _____.

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 through directory information. See student handbook for more information on directory information.

If you do not want Directory Information released, a FERPA Directory Information Opt-Out Form is available in the school office. The form must be completed by a parent/guardian or eligible student (18 years of age or older) and returned to the school office.

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: _____