



Culdesac Joint School District #342

Student EDUID _____

Student Enrollment

600 Culdesac Ave. Culdesac, ID 83524
(208) 843-5413 FAX (208) 843-2719

Date _____

School Enrollment Date _____

Grade _____

STUDENT INFORMATION

Legal Name _____ Preferred Name _____
Last First Middle

Home Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Date of Birth _____ Birth City/State _____

Student's Personal Cell # _____

Student's Gender [] Female [] Male

Please declare both Ethnicity and Race:

Ethnicity: Is the student Hispanic/Latino? [] No [] Yes

Race: Student's race (Choose all that apply) [] White (Caucasian) [] Black/African American [] Asian [] American Indian/Alaskan Native [] Native Hawaiian or other Pacific Islander

Is Student a Dependent of a Member of:

1. Active Duty Military Forces full time 2. National Guard or Reserve 3. Not Military Connected (circle one)

PARENT/GUARDIAN INFORMATION

Student Lives At Above Address With: (Please check all that apply)

[] Mother [] Father [] Stepmother [] Stepfather [] Other _____

Adult #1 Name _____ Relationship _____

Employer _____ Work # _____ Cell # _____

Parent/Guardian E-Mail Address _____

Adult # 2 Name _____ Relationship _____

Employer _____ Work # _____ Cell # _____

Custody: [] Mother Only [] Father Only [] Joint [] Guardian [] Foster Care

Parent Not Living At Above Address (if applicable)

Name _____ Address _____ City/State _ Phone _____

Employer _____ Relationship _____

Is contact with student allowed? [] Yes [] No

May they pick up the student? [] Yes [] No

Copy of Legal Documentation with Restrictions [] Yes [] No

Receive Mailings [] Yes [] No

LOCAL EMERGENCY INFORMATION (We will contact these people, in the order they are listed, in case of an injury or illness.) Please list contacts ***OTHER THAN*** Parent/Guardian.

Contact #1 _____
(Last, First)

Relationship _____

Phone _____

Phone Type _____
(cell, home or work)

Contact #2 _____
(Last, First)

Relationship _____

Phone _____

Phone Type _____
(cell, home or work)

Contact #3 _____
(Last, First)

Relationship _____

Phone _____

Phone Type _____
(cell, home or work)

PREVIOUS SCHOOL

School Name _____ Address _____

City/State _____ Zip Code _____ Date Withdrew _____

Has Student ever attended Culdesac School? Yes No Date _____

How does your student commute to school? _____ Walk _____ Drive _____ Mission Creek Bus _____ Cottonwood Creek Bus

If student drives, please list vehicle details:

Vehicle Year: _____ Make: _____ Model: _____ Color: _____ Plate#: _____

Please explain any special instructions you may have for your child in the event of an unplanned release:

SPECIAL PROGRAMS (Programs in which the student has been or is currently enrolled)

Special Ed. /IEP Title 1 Reading/Math Speech PT OT Limited English Proficiency Gifted/Talented 504

Student's Primary Language _____ Home Language _____

MEDICAL INFORMATION

Doctor _____ Phone _____

Health Concerns _____

Allergies _____

Prescription/Over Counter Medication _____ Take at school? Yes No

Siblings attending Culdesac School

Legal Name _____ Birthdate _____ Grade _____

Legal Name _____ Birthdate _____ Grade _____

Legal Name _____ Birthdate _____ Grade _____

Legal Name _____ Birthdate _____ Grade _____

I understand that if my child moves from the address I have listed, I will notify the school as soon as possible. I understand that if my child moves out of the Culdesac School District that I must apply for Open Enrollment which is contingent upon behavior history. I understand that if it becomes known that my child is living out of District, my child may be withdrawn.

PARENT/GUARDIAN SIGNATURE _____