

FERN RIDGE SCHOOL DISTRICT 28J Student Enrollment Form

Student ID	
(Office use only)	

☐ Initial	Enrollment		Enrollme	ent Changes	Hasy	your stu	dent been prev	iously enrolled in a	Fern Ridg	e Schoo	ol? □ YES	\square NO)	
STUDENT BASI	C INFORM	IATION	1											
Legal Last Name			Le	Legal First Name N				iddle Name			Gender			
								Name Suffix			□ Female □ Male			
Date of Birth	Age	Ethnicity	Ethnicity (Check One): Hispanic/Latino/Spanish Origin? Yes No											
/ /	0 -	,	Race (Select One or More):											
Home Telephone Numb	er				r Alaska Native									
()					having origins in any of the indigenous peoples of the continental U.S. or Alaska. Tribal affiliation, if known:									
()				nerica and Canada A person having origins in any of the indigenous peoples of Canada, Mexico, Central America, South America, or the										
			Caribbean.											
Homeroom Teacher (Off	fice use only)	□ Asian												
		: □ English □ Spanish □ Other Language Most Used: □ English □ Spanish □ Other												
		Languag	зе Ѕроке	en at Home: English Spanish Other							1	I		
Home Address						Apart	ment Number	City				State	Zip Code	
				Different Mailing Address										
Is mailing address same	e as home add	ress?		☐ YES Different Mailing Address				City				State	Zip Code	
(If NO, please complete	"Different Mai	ling Addre	ess" boxe	s) 🗆 NO										
Country of Birth			City of E	Birth State of Birt				Grade						
Previous School(s) Atter	nded for last 3	years		Previous School Address			Previous School Telephone Number			Dates of Attendance:				
Previous School Attende	ed (if different t	than ahov	(e)	Previous School Address			Previous School Telephone Number			Dates of Attendance:				
			Trevious deficer Address				. To no do Como o Totophono Transco			Dates of Accordances				
During Orbital Attack of Afficiant the control of t			During Orbert Address				Business Orbert Talashasa Newborn							
Previous School Attended (if different than above)			Previous School Address			Previous School Telephone Number			Dates of Attendance:					
			 					<u> </u>						
PERMISSION IN	IFORMAT	ION		A parent	may submit a chan	nge to this	request, in writing	to the school office, at a	nny time dur	ing the sc	hool year.			
INTERNET ACCESS/DIR	ECTORY INFOR	MATION/I	PHOTOG	RAPH RELEAS	SE - Students wil	II be gran	ted internet acc	ess and email accoun	ts. Studer	nt directo	rv information	mav be r	ublished.	
Student photograph/vio														
access to these services														
writing within 2 weeks of											participation	in officiall	y recognized	
sports and activities; de														
(High School Only) MILI														
of juniors and seniors to			_										_	
universities, you have th	ne opportunity										cruiters [NO Colle	ege Recruiters	
		IMPORT	FANT: PL	LEASE NOTIFY	THE SCHOOL OF	-FICE IF T	HE INFORMATIO	N ON ANY OF THESE I	PAGES CHA	ANGES.				
	SIGNATU	DE OE DAG	DENIT/O	IADDIAN				DA	TE					
	SIGNATU	NE OF PAR	KENI/GL	UARDIAN				DA	\ 					

FERN RIDGE SCHOOL DISTRICT 28J

Please check any that apply: Student on IEP Student on 504 Plan Kindergarten Student - Please indicate if your student attended: Head Start Pre-School Early Childhood Sped Title X McKinney-Vento Program guarantees all children and youth the right of an education, regardless of their current living situation. Program resources may include provision of school supplies, clothing, and other services to help ensure student success. Please check if any of the following apply to your current living situation. Living in a shelter Temporarily doubled up with friends or relatives due to economic hardship Living in a motel, car, or campsite Moving from place to place without permanent housing Legal Last Name Legal First Name									
Table X McKinney-Vento Program guarantees all children and youth the right of an education, regardless of their current living situation. Program resources may include provision of school supplies, clothing, and other services to help ensure student success. Please check if any of the following apply to your current living situation.									
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Temporarily doubled up with friends or relatives due to economic hardship Living in a motel, car, or campsite Moving from place to place without permanent housing Legal Last Name Legal First Na									
Please list siblings attending other Fern Ridge Schools: Legal Last Name Legal First Name									
Legal Last Name Legal First Name It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise. Is there a CURRENT restraining/court order pertaining to this student? Yes No *If there is a CURRENT court order limiting parental access of a noncustodial parent, you must submit a copy of such order before the school can limit that parent's access to the student.									
Legal Last Name Legal First Name									
PARENT/GUARDIAN INFORMATION It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise. Is there a CURRENT restraining/court order pertaining to this student? Yes No *If there is a CURRENT court order limiting parental access of a noncustodial parent, you must submit a copy of such order before the school can limit that parent's access to the student. Child primarily lives with: Both Parents Mother Father Grandparent Foster Parent Other									
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Child primarily lives with: Both Parents									
Parent/ Guardian Mother Guardian Step-Mother Step-Mother Step-Father Other Other Correspondence Address Apartment Number and Complex Name (if applicable) City State Zip Code Speaks English? PYES NO If NO, which language? Interpreter/Translations Needed? YES NO NO Place of Employment Occupation Work Telephone Number () Extension Available at work? Home Telephone (if different from student) Cellular Telephone Number () Pager Number () E-Mail Address Migrant Worker? YES NO NO Notes									
Guardian									
Guardian									
Correspondence Address Apartment Number and Complex Name (if applicable) City State Zip Code Speaks English?									
Speaks English?									
□ NO									
□ NO									
Work Telephone Number Extension Available at work? Home Telephone (if different from student) Cellular Telephone Number Pager Number Cellular Telephone Number Pager Number									
()									
E-Mail Address Migrant Worker? NO Notes									
December 2 September 2 Septemb									
Book Name									
Parent/ □ Mother □ Father □ Guardian Last Name First Name									
Guardian Step-Mother Step-Father Other									
Correspondence Address Apartment Number and Complex Name (if applicable) City State Zip Code									
Speaks English? \square YES If NO , which language? Interpreter/Translations Needed? \square YES \square NO Place of Employment Occupation									
□ NO If YES , which language?									
Work Telephone Number Extension Available at work? Home Telephone (if different from student) Cellular Telephone Number Pager Number									
()									
E-Mail Address Migrant Worker? YES NO Notes									
FMFRGFNCY CONTACT INFORMATION In an emergency, parent/guardians will be called 1st and 2nd unless shown otherwise below. It is assumed that any person listed a									
EMERGENCY CONTACT INFORMATION In an emergency, parent/guardians will be called 1st and 2nd unless shown otherwise below. It is assumed that any person listed an emergency contact also has permission to transport your student.									
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FERN RIDGE SCHOOL DISTRICT 28J Student Medical Information

		Studen	nt Last Name	Student F	irst Nan	t Name Grade						
Date of Birth	Age	Gende	r	Home Telephone	Numbe	er	Date Form	Completed	Primary Pl	nysician		
/ /		□ Fen	nale 🗆 Male	()			/	/				
Home Address	•	•			Apartr	ment Number		City	•		State	Zip Code
PARENT/GUA	rdian i	NFORMA	TION									
Parent/ Mothe	er 🗆	Father \Box	Guardian			Last Name			First Name			
		Step-Father			_							
Work Telephone Num	ork Telephone Number Extension Available at work? Home Telephone						t) Cel	lular Telephone Nu	. •			
())						()	()			
DADENIT (OLIA		NEODNAA	TION									
PARENT/GUA	RDIAN I	NFORMA	TION									
Parent/ Mothe	er 🗆	Father \Box	Guardian			Last Name			First Name			
•		Step-Father			_							
Work Telephone Num	nber E		Available at work		(if diffe	rent from studen	t) Cel	lular Telephone Nu	mber	Pager Nui	mber	
()			□ YES □ NO	()			()		()		
EMERGENCY	CONTAC	CT INFOR	MATION			:/guardians will be t also has permission		l 2 nd unless shown ot rt your student.	herwise belov	v. It is assum	ned that any p	erson listed
Call? □ 1 st □	2nd I	Name		·	Telepl	hone Number			Relations	hip		
□ 3rd □	4th											
	2nd	Name			Telephone Number				Relationship			
□ 3rd □	4th											
ALLERGIES &	ALLERGIES & HEALTH CONCERNS See office staff if student requires medication at school. School Personnel may contact you to obtain more information regarding your child's medical condition.											
Condition: Heart 0	Condition	□ Seizures	Symptom(s)			Required Medic			LIFE THRI	EATENING	□ YES	
□ Diabetes/Insulin □ Diet Controlled					Medications that are taken regularly			regularly			□ NO	
Other												
Condition: ☐ Heart Condition ☐ Seizures Symptom(s)						Required Medication(s) - Name/Dosage of				EATENING	□ YES	
□ Diabetes/Insulin	☐ Diet Co	ntrolled				Medications tha	at are taken	regularly			□ NO	
Other												
Allergies to Medication	ns - Name	Medication		Symptom(s)		1			LIFE THREATENING YES			
											□ NO	
Allergies Other				Symptom(s)					LIFE THR	EATENING	□ YES	