



# FERN RIDGE SCHOOL DISTRICT 28J

## Student Enrollment Form

Student ID  
(Office use only)

Initial Enrollment     Enrollment Changes    Has your student been previously enrolled in a Fern Ridge School?     YES     NO

### STUDENT BASIC INFORMATION

Legal Last Name		Legal First Name		Middle Name	Suffix	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Birth / /	Age	Ethnicity (Check One):    Hispanic/Latino/Spanish Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No Race (Select One or More): American Indian or Alaska Native <input type="checkbox"/> U.S. A person having origins in any of the indigenous peoples of the continental U.S. or Alaska. Tribal affiliation, if known: _____ <input type="checkbox"/> Latin America and Canada A person having origins in any of the indigenous peoples of Canada, Mexico, Central America, South America, or the Caribbean.					
Home Telephone Number (    )		<input type="checkbox"/> Asian <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White Language of Origin: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____    Language Most Used: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____					
Homeroom Teacher (Office use only)							
Home Address				Apartment Number	City	State	Zip Code
Is mailing address same as home address? <input type="checkbox"/> YES (If <b>NO</b> , please complete "Different Mailing Address" boxes) <input type="checkbox"/> NO				Different Mailing Address		City	State    Zip Code
Country of Birth		City of Birth		State of Birth		Grade	
Previous School(s) Attended for last 3 years		Previous School Address		Previous School Telephone Number		Dates of Attendance:	
Previous School Attended (if different than above)		Previous School Address		Previous School Telephone Number		Dates of Attendance:	
Previous School Attended (if different than above)		Previous School Address		Previous School Telephone Number		Dates of Attendance:	

### PERMISSION INFORMATION

A parent may submit a change to this request, in writing to the school office, at any time during the school year.

**INTERNET ACCESS/DIRECTORY INFORMATION/PHOTOGRAPH RELEASE** - Students will be granted internet access and email accounts. Student directory information may be published. Student photograph/video clip, or any form of media may be released to be used in newspapers, school newsletters or on broadcast stations. If you do not wish your student to have access to these services or do not want directory information published, or you do not give permission to release your student's photograph in any format, you must submit a request in writing within 2 weeks of enrollment each school year. Directory information may include: student's name, address, telephone listing; student's image; participation in officially recognized sports and activities; degrees or awards received. For details, please see the **Directory Information** section in Student Handbook at your school.

(High School Only) **MILITARY/COLLEGE RECRUITMENT** - The "No Child Left Behind" Act of 2001 requires school districts to provide, upon request, the names addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out." In order to do so, you must check next to one or both of the following categories:     **NO Military Recruiters**     **NO College Recruiters**

**IMPORTANT: PLEASE NOTIFY THE SCHOOL OFFICE IF THE INFORMATION ON ANY OF THESE PAGES CHANGES.**

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_





# FERN RIDGE SCHOOL DISTRICT 28J

## Student Medical Information

		Student Last Name	Student First Name	Grade			
Date of Birth / /	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Home Telephone Number ( )	Date Form Completed / /	Primary Physician		
Home Address			Apartment Number	City	State	Zip Code	

PARENT/GUARDIAN INFORMATION						
<b>Parent/</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <b>Guardian</b> <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____				Last Name		First Name
Work Telephone Number ( )	Extension	Available at work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home Telephone (if different from student) ( )	Cellular Telephone Number ( )	Pager Number ( )	

PARENT/GUARDIAN INFORMATION						
<b>Parent/</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <b>Guardian</b> <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____				Last Name		First Name
Work Telephone Number ( )	Extension	Available at work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home Telephone (if different from student) ( )	Cellular Telephone Number ( )	Pager Number ( )	

EMERGENCY CONTACT INFORMATION			<i>In an emergency, parent/guardians will be called 1<sup>st</sup> and 2<sup>nd</sup> unless shown otherwise below. It is assumed that any person listed as an emergency contact also has permission to transport your student.</i>			
Call ? <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>	Name		Telephone Number		Relationship	
Call ? <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>	Name		Telephone Number		Relationship	

ALLERGIES & HEALTH CONCERNS		<i>See office staff if student requires medication at school. School Personnel may contact you to obtain more information regarding your child's medical condition.</i>			
Condition: <input type="checkbox"/> Heart Condition <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes/Insulin <input type="checkbox"/> Diet Controlled Other _____	Symptom(s)	Required Medication(s) - Name/Dosage of Medications that are taken regularly	<b>LIFE THREATENING</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Condition: <input type="checkbox"/> Heart Condition <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes/Insulin <input type="checkbox"/> Diet Controlled Other _____	Symptom(s)	Required Medication(s) - Name/Dosage of Medications that are taken regularly	<b>LIFE THREATENING</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Allergies to Medications - Name Medication	Symptom(s)		<b>LIFE THREATENING</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Allergies Other	Symptom(s)		<b>LIFE THREATENING</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		