



FERN RIDGE SCHOOL DISTRICT 28J
Student Enrollment Form

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| Student ID (Office use only) |
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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 | Grade | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Date of Birth / / | Age | Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> <input type="checkbox"/> Asian | | Language of Origin: <input type="checkbox"/> English <input type="checkbox"/> Other _____ | | | |
| City and State of Birth | | <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White | | Language Most Used: <input type="checkbox"/> English <input type="checkbox"/> Other _____ Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Other _____ | | | |
| Country of Birth | | <input type="checkbox"/> American Indian or Alaskan Native, Tribal Affiliation, if known: _____ <input type="checkbox"/> Non-US Native American (ancestors from Mexico, Canada, South or Central America) | | | | | |
| Home Address | | | | City | State | Zip | Phone |
| Is mailing address same as home address? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO , please complete "Mailing Address" boxes) | | | | Mailing Address | City | State | Zip Code |
| Previous School Attended | | Previous School Address | | Previous School Telephone Number | | Dates of Attendance: | |
| Previous School Attended | | Previous School Address | | Previous School Telephone Number | | Dates of Attendance: | |
| Sibling(s) attending other Fern Ridge Schools | | Title IX-A McKinney Vento Program – guarantees children the right to an education regardless of their living situation. Resources may include referrals, school supplies, clothing, etc. Check if any apply to your current living situation. | | | | | |
| Sibling(s) attending other Fern Ridge Schools | | <input type="checkbox"/> Living in a vehicle or campsite <input type="checkbox"/> Living in a hotel/motel <input type="checkbox"/> Living in a shelter <input type="checkbox"/> Doubled up with friends for family due to economic hardship | | | | | |

PERMISSION INFORMATION

A parent may submit a change to this request, by filling out the Directory Information Page (Page 5) in the District Student Handbook.

INTERNET ACCESS/DIRECTORY INFORMATION/PHOTOGRAPH/MILITARY/COLLEGE RECRUITMENT – Please see page 5 of the District Student Handbook. This permission form (on page 5) needs to be filled out only one time during the students' K – 12 career.

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

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| Please check any that apply: <input type="checkbox"/> Student on IEP <input type="checkbox"/> Student on 504 Plan <input type="checkbox"/> Identified as Talented and Gifted <input type="checkbox"/> Identified English as a Second Language | Kindergarten Student – Please indicate if your student attended: <input type="checkbox"/> Head Start <input type="checkbox"/> Pre-School <input type="checkbox"/> Early Childhood Sped |
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| PARENT/GUARDIAN INFORMATION | <i>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 <input type="checkbox"/> No <input type="checkbox"/> *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.</i> |
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|---|--------------------------------|---|--|--|---------------------|---|------------|--|
| Child primarily lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____ | | | | | | | | |
| Parent/Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____ | | | Last Name | | First Name | | | |
| Correspondence Address | | Apartment Number and Complex Name (if applicable) | | City | | State | Zip Code | |
| Speaks English? <input type="checkbox"/> YES <input type="checkbox"/> NO | If NO , which language? | | Interpreter/Translations Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , which language? | | Place of Employment | | Occupation | |
| Work Telephone Number () | | Extension | Available at work? <input type="checkbox"/> YES <input type="checkbox"/> NO | Home Telephone (if different from student) () | | Cellular Telephone Number () | | Migrant Worker? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| E-Mail Address | | | | Migrant Worker? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Active duty Armed Forces or full time National Guard member <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

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|--|--------------------------------|---|--|--|---------------------|---|------------|------------------------|
| Parent/Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____ | | | Last Name | | First Name | | | |
| Correspondence Address | | Apartment Number and Complex Name (if applicable) | | City | | State | Zip Code | |
| Speaks English? <input type="checkbox"/> YES <input type="checkbox"/> NO | If NO , which language? | | Interpreter/Translations Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , which language? | | Place of Employment | | Occupation | |
| 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 () |
| E-Mail Address | | | | Migrant Worker? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Active duty Armed Forces or full time National Guard member <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

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| EMERGENCY CONTACT INFORMATION | <i>In an emergency, parent/guardians will be called 1st and 2nd 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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th | | Contact Last Name | | First Name | | Relationship (Indicate if before or after school care) | | | | |
| Street Address, City, State & Zip Code | | | Home Telephone Number () | | Work Telephone Number () | | Extension | Cellular Telephone Number () | | Pager Number () |
| Call? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th | | Contact Last Name | | First Name | | Relationship (Indicate if before or after school care) | | | | |
| Street Address, City, State & Zip Code | | | Home Telephone Number () | | Work Telephone Number () | | Extension | Cellular Telephone Number () | | Pager Number () |
| | | | | | | | | | | |



FERN RIDGE SCHOOL DISTRICT 28J Student Medical Information

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|----------------------|-----|---|------------------------------|----------------------------|-------------------|----------|--|
| | | 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 | | | | | | |
|--|-----------|--|---|----------------------------------|---------------------|------------|
| Parent/ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Guardian <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 | | | | | | |
|--|-----------|--|---|----------------------------------|---------------------|------------|
| Parent/ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Guardian <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 1st and 2nd 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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th | Name | | Telephone Number | | Relationship | |
| Call ? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th | 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 | LIFE THREATENING <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 | LIFE THREATENING <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Allergies to Medications - Name Medication | Symptom(s) | | LIFE THREATENING <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Allergies Other | Symptom(s) | | LIFE THREATENING <input type="checkbox"/> YES <input type="checkbox"/> NO | | |