



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 NO , 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

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				
<u>Title X McKinney-Vento Program</u> 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. <input type="checkbox"/> Living in a shelter <input type="checkbox"/> Temporarily doubled up with friends or relatives due to economic hardship <input type="checkbox"/> Living in a motel, car, or campsite <input type="checkbox"/> Moving from place to place without permanent housing					
Please list siblings attending other Fern Ridge Schools:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Legal Last Name</td> <td style="width: 50%; padding: 2px;">Legal First Name</td> </tr> <tr> <td style="padding: 2px;">Legal Last Name</td> <td style="padding: 2px;">Legal First Name</td> </tr> </table>	Legal Last Name	Legal First Name	Legal Last Name	Legal First Name
Legal Last Name	Legal First Name				
Legal Last Name	Legal First Name				

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>				
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/ <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 _____				
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	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	Notes _____	

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E-Mail Address _____			Migrant Worker? <input type="checkbox"/> YES <input type="checkbox"/> NO	Notes _____	

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 () _____



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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					
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 ()

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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		