



# FERN RIDGE SCHOOL DISTRICT 28J

## Student Enrollment Form

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	Suffix	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Birth / /	Age	Ethnicity:    Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>		Language of Origin: <input type="checkbox"/> English <input type="checkbox"/> Other _____			
City and State of Birth		<input type="checkbox"/> Asian		Language Most Used: <input type="checkbox"/> English <input type="checkbox"/> Other _____			
Country of Birth		<input type="checkbox"/> African American or Black		Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Native Hawaiian or Pacific Islander					
		<input type="checkbox"/> White					
		<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	
Is mailing address same as home address? <input type="checkbox"/> YES				Mailing Address		City	State
(If NO, please complete "Mailing Address" boxes) <input type="checkbox"/> NO						Zip Code	
Previous School Attended		Previous School Address		Previous School Telephone Number		Dates of Attendance:	
Sibling(s) attending other Fern Ridge Schools		<b>Title IX-A McKinney Vento Program</b> – 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

<b>Please check any that apply:</b> <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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<b>PARENT/GUARDIAN INFORMATION</b>		<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>						
<b>Child primarily lives with:</b> <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 _____								
<b>Parent/Guardian</b> <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 <b>NO</b> , which language?		Interpreter/Translations Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO If <b>YES</b> , 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 (    )		
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		

<b>Parent/Guardian</b> <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 <b>NO</b> , which language?		Interpreter/Translations Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO If <b>YES</b> , 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 (    )		
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		

<b>EMERGENCY CONTACT INFORMATION</b>			<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>		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 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>		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 (    )

*The Fern Ridge School District is an equal opportunity educator and employer.*



## 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		