



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		Grade	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X		
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 _____					
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)		Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Other _____					
Home Address				City		State		Zip	
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

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>				
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
Mailing Address		Apartment Number and Complex Name (if applicable)		City	State
Place of Employment		Occupation		Active duty Armed Forces or full time National Guard member <input type="checkbox"/> YES <input type="checkbox"/> NO	
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					

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
Mailing Address		Apartment Number and Complex Name (if applicable)		City	State
Place of Employment		Occupation		Active duty Armed Forces or full time National Guard member <input type="checkbox"/> YES <input type="checkbox"/> NO	
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					

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 ()
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 ()

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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	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 ()		

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 ()		

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		