

SCHOOL: \_\_\_\_\_

DISTRICT ID #: \_\_\_\_\_

### STUDENT INFORMATION FORM School District #83

For Official use only:  
Homeroom Teacher \_\_\_\_\_ Entry Date \_\_\_\_\_ Entry Code \_\_\_\_\_ Birth Certificate: **Y / N**  
Legal Document on file: **Y / N** Specify: \_\_\_\_\_ Immunization status **C** = Complete **I** = Incomplete **E** = Exempt **P** = In Process

This information must be updated annually

#### STUDENT INFORMATION:

NAME - LEGAL NAME of student, as printed on the CERTIFIED BIRTH CERTIFICATE, must be used

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

Other - nickname: \_\_\_\_\_ (will not appear on any letters or reports) Cell Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_

**ETHNICITY/RACE** - Completed by:  Parent  Student  Observer

**Step 1** – Check below, if true:

Hispanic/Latino  
(Cuban, Mexican, Puerto Rican, South or Central American, or any other Spanish culture, regardless of race)

**Step 2** – Check ALL that apply:

American Indian/Alaska Native  Asian  White  
 Black/African American  Native Hawaiian/Other Pacific Islander

GENDER: **M / F** GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

BIRTH CITY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_ Limited English: **Y / N**

#### BIOLOGICAL PARENT/LEGAL GUARDIAN RELATIONSHIPS:

MOTHER NAME - FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_ Contact Priority: **#1**

PHYSICAL STREET ADDRESS: \_\_\_\_\_ OK to Pickup: **Y / N**

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Legal Custody: **Y / N**

MAILING (if different than above): \_\_\_\_\_ Lives With: **Y / N**

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Receives mailings: **Y / N**

For CELL Phone

HOME PHONE: \_\_\_\_ / \_\_\_\_ - \_\_\_\_  EMAIL: \_\_\_\_\_

OTHER PHONE: \_\_\_\_ / \_\_\_\_ - \_\_\_\_  OCCUPATION: \_\_\_\_\_

WORK PHONE: \_\_\_\_ / \_\_\_\_ - \_\_\_\_  EMPLOYER: \_\_\_\_\_

FATHER NAME - FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_ Contact Priority: **#2**

PHYSICAL STREET ADDRESS: \_\_\_\_\_ OK to Pickup: **Y / N**

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Legal Custody: **Y / N**

MAILING (if different than above): \_\_\_\_\_ Lives With: **Y / N**

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Receives mailings: **Y / N**

For CELL Phone

HOME PHONE: \_\_\_\_ / \_\_\_\_ - \_\_\_\_  EMAIL: \_\_\_\_\_

OTHER PHONE: \_\_\_\_ / \_\_\_\_ - \_\_\_\_  OCCUPATION: \_\_\_\_\_

WORK PHONE: \_\_\_\_ / \_\_\_\_ - \_\_\_\_  EMPLOYER: \_\_\_\_\_

How to find your house if student needs to be brought home (please be specific - this is **required** information, not optional):

#### STUDENT RESIDENCY: (Identifying students who may qualify to receive additional services). **Where does the student stay at night?**

- 1-Transitional (awaiting foster care, etc)
- 2-Doubled Up (shared w/other persons)
- 3-Car, park, campground, etc
- 4-Hotel/motel
- Own or rent residence
- Other (please specify) \_\_\_\_\_

**Has student ever attended school in the State of Idaho? Y / N**

If yes, where (school name and city): \_\_\_\_\_ Approx. Exit Date: \_\_\_\_\_

**Has student ever attended school in West Bonner School District #83? Y / N**

If yes, - approx. Exit Date: \_\_\_\_\_ School Name: \_\_\_\_\_ Grade Level at exit: \_\_\_\_\_

If no - LAST SCHOOL ATTENDED: (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

(Address) \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

**STUDENT RECEIVING SPECIAL SERVICES? Y / N**

If yes, circle specific code: **G** = Gifted **SPE** = Special Ed **T1A** = Title1A for Math / Reading **SL** = Speech & Language **H** = Hearing  
 Other: \_\_\_\_\_

**Siblings attending any school in West Bonner County School District 83:**

Last name	First name	School Attending

**OTHER CONTACTS:** (persons authorized to care for student in an emergency, if parents cannot be reached). **Local only.**

Name	Relationship to Student	Telephone (indicate C if cell; W if work)	Contact Priority #	<input checked="" type="checkbox"/> if OK to pickup
			3	
			4	
			5	

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Chronic Health Problems (specify): \_\_\_\_\_

Allergies: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

When a student suffers a serious injury or illness while in school, first aid will be rendered in accordance with school policies, and an immediate and continuing effort will be made to contact the parents of that student, or the person(s) the parent has selected as an alternative.

In case of accident or other emergency if parent/guardian or authorized alternative cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named above to undertake such care and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

The undersigned agrees to bear all costs incurred as a result of the foregoing.

Insurance Carrier Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

The information provided on this form is current and accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian

Student signature (if High School): \_\_\_\_\_ Date: \_\_\_\_\_

**MAINTAINED IN PERMANENT RECORD FILE.  
 NOTIFY SCHOOL IF ABOVE INFORMATION CHANGES.**