

COUNCIL SCHOOL DISTRICT

Registration

Council Elementary: PO Box 68, Council, ID 83612 208.253.4223

Council Jr./Sr. High: PO Box 468, Council, ID 83612 208.253.4217

▪ Date: ____/____/____

• _____
Student's full Legal Name _____ Name student goes by _____

Date of Birth: ____/____/____ Student's Cell: _____

Student's email _____

• _____
FIRST AND LAST NAME OF EACH PARENT/GUARDIAN STUDENT IS LIVING WITH _____

Home Phone: _____ Mom's Cell Phone _____

Dad's Cell Phone #: _____

Parent Email Address: _____

• _____
Mailing Address _____

• _____
Physical Address _____

• _____
Father's/Guardian's Occupation/Employer _____ Work Phone _____

• _____
Mother's/Guardian's Occupation/Employer _____ Work Phone _____

EMERGENCY CONTACTS:

- It is very important that we are able to reach you during the day in case of illness or an emergency. Please list two people who would be able to pick up your child or get a message to you if we are not able to reach you at home or work.

1. _____
Contact Person Name and Relationship _____ Emergency Contact Phone _____

2. _____
Contact Person Name and Relationship _____ Emergency Contact Phone _____

Doctor's Name: _____
Phone _____

Ethnicity: (Circle one) White - Black/African American - Hispanic or Latino - Native Hawaiian/Other Pacific Islander

Asian - American Indian/Alaskan Native - Other/Unknown:

Home Language: (Circle one) English - Spanish - Other: _____

Bus Route or Walker: (Circle one) Fruitvale - Orchard - Bear - Mesa - Walker - N/A

~ PLEASE COMPLETE THE BACK OF THIS FORM. ~

PREVIOUS SCHOOL INFORMATION:

#1 School Name _____ District _____
City/State _____ Grades Attended _____
Entry Date _____ Withdrawal Date _____

#2 School Name _____ District _____
City/State _____ Grades Attended _____
Entry Date _____ Withdrawal Date _____

SPECIAL PROGRAMS: (Check all special programs or services in which the student has participated:)

- | | | |
|---|--|--|
| <input type="checkbox"/> Special Education/OT/PT/Speech Therapy | <input type="checkbox"/> 504 | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Tested by School Counselor or Psychologist | <input type="checkbox"/> Retained | <input type="checkbox"/> Native American Education |
| <input type="checkbox"/> Title I - Reading or Math Support | <input type="checkbox"/> ESL/ELL/LEP | <input type="checkbox"/> Migrant |
| <input type="checkbox"/> International Baccalaureate | <input type="checkbox"/> Gifted and Talented | |

PARENT INFORMATION: (Custody)

- | | |
|---|---|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Social Agency |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Joint Custody |
| <input type="checkbox"/> Mother Only | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Foster Family | <input type="checkbox"/> Self/Independent Adult |
| <input type="checkbox"/> Grandparent Only | |

Restrictions for Custody (if applicable):

Legal Document on File: YES _____ NO _____

Student Lives With:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Father/Stepparent | <input type="checkbox"/> Foster Parent(s) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother/Stepparent | <input type="checkbox"/> Self |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Stepfather/Stepmother | <input type="checkbox"/> Agency |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Other |

Describe: _____

RESIDENCY STATUS: Must check **either** Regular Housing **OR** Other Housing:

- ☐
- Regular Housing (fixed, regular, adequate nighttime residence)

Other Housing:

- | | |
|--|--|
| <input type="checkbox"/> in a shelter, transitional housing, or awaiting foster care | <input type="checkbox"/> in a hotel or motel |
| <input type="checkbox"/> in a temporary trailer, campground, car or park | <input type="checkbox"/> with more than one family in a house or apartment due to loss of housing or economic hardship |

IDAHO RESIDENT: YES _____ NO _____

School Use Only - Building Administrator's determination of **Residency Status** circumstances:

McKinney-Vento Act qualified? Yes _____ No _____ Initials _____