



Twin Falls School District Enrollment

	Office Use Only
	Birth Certificate
	Immunizations
	Proof of Address

Elementary Schools

2011-2012

Student I N F O R M A T I O N	Grade Level This Academic School Year		
	Kindergarten (Preference)	AM	PM
	Legal last name:	Legal first name:	Legal middle name:
	Name Child will use at school:	Date of birth:	Gender: Male or Female
	Home Address:	Primary Contact Telephone Number: _____	
	Mailing Address: (if different than home address)		
	Is home address within the TFSD Elementary School Zone? _____		
	If home address is not within the TFSD Elementary School Zone, which Zone? _____		
	If address is not in the Twin Falls School District or TFSD Elementary School Zone the out of district transfer policy must be followed.		
	Ethnicity & Birth Inform	Has Student previously been enrolled in Twin Falls School District? If yes, Where?	
Is Student Hispanic or Latino? yes no			
What is Students race: ____ American Indian/Alaskan Native ____ Asian ____ Black/African American ____ Hawaiian/Other Pacific Islander ____ White			
Is Student an immigrant? yes no Immigrant U.S. Entry Date: Home Country:			
Citizenship Status: ____ U.S. Citizen ____ Dual National ____ Non-Resident Alien ____ Resident Alien ____ Other country of Citizenship			
City of birth: County of birth: State of birth: Country of birth:			
Will Student ride a school bus to/from school? Yes No			
Does Student have permission to ride a bicycle to/from school? Yes No			
Does Student have permission to walk to/from school? Yes No			
What will be this student's daily routine to/from school? _____ _____			
Family	Student resides with: ____ Both Natural Parents ____ Mother ____ Father ____ Guardian ____ Step Parent ____ Other		
	Siblings: # of Brothers _____ # of Sisters _____		
	List Siblings first/last names: _____ _____ _____		

ADDRESS
VERIFICATION

Transportation

Please list the parent/guardian the student lives with first

Parent Information # 1	Parent/Guardian Last Name:	First Name:
	Relationship to Student:	
	Resides with Student: yes no	
	Address if different from student's:	
	Home Phone: ()	Cell Phone: ()
	Email address:	
	Employer:	Work Phone: () ext:
	Available at work: yes no	
Parent Birth Country:		
If not residing with student, does a copy of correspondence (report cards, etc.) need to be mailed to this parent? yes no		
Parent Information #2	Parent/Guardian Last Name:	First Name:
	Relationship to Student:	
	Resides with Student: yes no	
	Address if different from student's:	
	Home Phone: ()	Cell Phone: ()
	Email address:	
	Employer:	Work Phone: () ext:
	Available at work: yes no	
If not residing with student, does a copy of correspondence (report cards, etc.) need to be mailed to this parent? yes no		
Parent Birth Country:		
Parent Information #3	Parent/Guardian Last Name:	First Name:
	Relationship to Student:	
	Resides with Student: yes no	
	Address if different from student's:	
	Home Phone: ()	Cell Phone: ()
	Email address:	
	Employer:	Work Phone: () ext:
	Available at work: yes no	
If not residing with student, does a copy of correspondence (report cards, etc.) need to be mailed to this parent? yes no		
Parent Information #4	Parent/Guardian Last Name:	First Name:
	Relationship to Student:	
	Resides with Student: yes no	
	Address if different from student's:	
	Home Phone: ()	Cell Phone: ()
	Email address:	
	Employer:	Work Phone: () ext:
	Available at work: yes no	
If not residing with student, does a copy of correspondence (report cards, etc.) need to be mailed to this parent? yes no		

Health	List any allergies and/or health conditions student may have:
	List medications prescribed by a licensed medical practitioner: (If medication is administered at school, proper documentation is required.)
	Does this student have asthma? yes no Does this student use an inhaler? yes no If student uses an inhaler, is it required to be carried by student or left in the office: _____ carried by student _____ left in the office

Parents are always the first contact but please provide information for individuals (other than parent/guardian) the school may contact in case of student's illness or injury and parents cannot be reached.

Emergency Contacts	Emergency Contact #1 Last name: _____ First Name: _____ Relationship to Student: _____ Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ ext: _____ In case of illness or injury may this person pick up and/or excuse this student from school? yes no
	Emergency Contact #2 Last name: _____ First Name: _____ Relationship to Student: _____ Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ ext: _____ In case of illness or injury may this person pick up and/or excuse this student from school? yes no
	Emergency Contact #3 Last name: _____ First Name: _____ Relationship to Student: _____ Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ ext: _____ In case of illness or injury may this person pick up and/or excuse this student from school? yes no

Please check any special programs or services in which the student has participated.

Special Programs	_____ Adapted Physical Education _____ Gifted and Talented _____ Homeless
	_____ Special Education _____ Migrant _____ Probation _____ Resource Program
	_____ 504 _____ Speech Therapy _____ Title 1 (Math/Reading) _____ Self-Contained
	_____ Other:

Home Language Survey

The Idaho State Department of Education requires school districts to determine the dominant language of each student. Such information is essential to meaningful instruction for all students. Your cooperation in helping us meet this important requirement is necessary. Please provide accurate responses to questions. This information becomes part of the District's official documentation of language assessment.

Home Language	What language did your child first learn when they began to speak?
	What language does your child normally speak in your home?
	What language do you speak when speaking to your child?
	What language does your child speak with their friends outside the home?
	In what language would you like correspondence sent home?

Check the box if your family has moved at some time in the past three years to look for work in agriculture (farming, potato industry, dairy, meat processing).

Previous Schools	Name of last school attended:
	Address of last school attended:
	Phone Number of last school attended:
	Fax Number of last school attended:

The information that has been provided on this document is accurate and complete to the best of my knowledge. Any misrepresentation of information can lead to revoking of student enrollment. Please send a **written notice** to the school office if address, telephone number or place of employment has changed throughout the years your child is at Sawtooth School. Keeping your child's information up-dated is very important in case of an emergency. It is the parent/guardian responsibility to make sure the school has current information.

Parent/Guardian Signature(s):
Date:
Translator Signature (if required):
Date: