

**Post Falls School District #273**  
**West Ridge Elementary**

**Student Registration Form**

<b>For Office Use Only</b>		Legal Last Name _____	Grade _____
Date Enrolled _____		First _____	Middle _____
Homeroom Teacher _____		Physical Address _____	
Grade _____		Mailing Address _____	
Birth Certificate Y N		Parent's E-Mail Address _____	
Immunizations Y N		Home Phone _____	Message Phone _____
Health Alert Y N		Date of Birth _____	Male ___ Female ___ Social Security Number _____
Directory Release Y N		Ethnicity: Caucasian ___ Hispanic ___ African American ___ Asian ___ Native American ___	
Field Trip Y N		<b>SPECIAL SERVICES:</b> Has your child received any special services? Yes ___ No ___	
Internet Use Y N		Special Education ___	Speech/Language ___ Occupational Therapy ___ Physical Therapy ___
Court Order Y N		Title I ___ Gifted/Talented ___	504 Plan ___ Other _____

**LAST SCHOOL ATTENDED**

School Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Last Date of Attendance \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Student lives with (check one):  
 Both Parents \_\_\_ Mother Only \_\_\_ Father Only \_\_\_ Guardian \_\_\_ Mother & Stepfather \_\_\_ Father & Stepmother \_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Legal Guardian (other than parent) \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List language(s) spoken in the home: \_\_\_\_\_

**Siblings:**

Name	School	Grade	Name	School	Grade	Name	School	Grade
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

**HEALTH HISTORY**

Your signature below authorizes this information to be placed in your child's cumulative file.  
 Please check the appropriate boxes below that pertain to your child now or in the past. ADHD \_\_\_ Asthma \_\_\_  
 Diabetes \_\_\_ Epilepsy \_\_\_ Heart Disease \_\_\_ Other: \_\_\_\_\_  
 Allergies (specify) \_\_\_\_\_  
 Current medications: \_\_\_\_\_  
 Does your child have a LIFE THREATENING illness or condition that will require a health plan? Yes \_\_\_ No \_\_\_  
 Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY INFORMATION**

In the event a parent cannot be reached, please list below local relatives or friends we may contact to release your child to in case of illness or school emergency.

1<sup>st</sup> Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to Student \_\_\_\_\_  
2<sup>nd</sup> Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to Student \_\_\_\_\_  
3<sup>rd</sup> Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to Student \_\_\_\_\_

**EMERGENCY CONSENT**

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on this form and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**NAME / PHOTO / DIRECTORY RELEASE**

Permission to have name used in newspaper or educational display? Yes \_\_\_ No \_\_\_  
Permission to have photo used in newspaper or educational display/Yearbook? Yes \_\_\_ No \_\_\_  
Permission to release directory information to school PTO? Yes \_\_\_ No \_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**FIELD TRIP PERMISSION**

During the school year there are times when our instructional program must be taken out of the classroom and into the community. Rather than asking permission for your child to participate on each occasion, your signature below indicates approval for your child to participate in field trips during the current school year. Through published calendars, newsletters or special notes, we will inform you of times and dates of each field trip prior to the event. This will give you an opportunity to contact your child's teacher if you have questions or choose for your child to not participate.

I grant permission for my child to participate on field trips. Yes \_\_\_ No \_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT INSURANCE**

Post Falls School District #273 does make student medical insurance available to families for their individual purchase. Brochures outlining the coverage and premiums are handed out at the beginning of the school year, and are available at the school office after that time.

Even with the greatest precautions and the closest supervision, accidents can and do happen at school. They are a fact of life and part of the growing-up process our children go through. Parents, please be prepared to pay for your child's possible medical expenses that may arise should your child be injured at school.

I have read and understand the above information concerning medical insurance coverage.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**LEGAL RESTRICTIONS**

Are there Legal Restrictions regarding contact with this child? Yes \_\_\_ No \_\_\_ If yes, a copy of the court order MUST be on file at school. In order to enforce any restrictions on visitation, the school district must be provided copies of legal documents (custody award, restraining order or other court order). Our normal procedure is to contact the custodial parent when individuals attempt to make contact with your child without proper authorization. Please indicate any other procedures you want us to follow. \_\_\_\_\_

Your child's welfare is our primary concern. Please advise the school immediately of any changes in this information. Your cooperation is appreciated.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_