



Home of the Vikings

Registration Form

Challis Elementary

PO Box 304
1000 E. Bluff Ave
Challis, ID 83226
(208) 879-2439
FAX (208) 879-5525

Date: _____

*Do you live within the boundaries of the Challis School District? Yes ___ No ___

*If your child is entering Kindergarten, does his/her birthday fall before September 1st? Yes ___ No ___

Child's Legal Name on Birth Certificate: _____

Nickname: _____ Grade: _____ Gender: _____

Mailing Address: _____ Home Phone: _____

Physical Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Birth Date (MO/DAY/YR): _____ Soc. Sec. #: _____

Birthplace: City _____ County _____ State _____

Ethnicity: ___ White ___ Black ___ Hispanic ___ American Indian ___ Asian/Pacific Islander

Child lives with: ___ Mother ___ Father ___ Stepparent ___ Guardian

Are you a Migrant Family? ___ Yes ___ No

Father's Name: _____ Phone #: _____

Work #: _____

Mother's Name: _____ Phone #: _____

Work#: _____

Stepparent Name: _____ Phone #: _____

Guardian Name: _____ Phone #: _____

Name a person to contact in case of an emergency and parents cannot be reached:
_____ Phone #: _____

Relationship to Child: _____

Dr. Preference: _____ Phone #: _____

CONTINUE ON BACK...



Last School Child Attended: _____

Address: _____ Teacher's Name: _____

City: _____ State: _____ Zip: _____

Is your student on any of the following? An IEP A 504 Plan Other: _____

Language spoken in the home: _____

Number of Brothers: _____ Number of Sisters: _____

Names and Ages: _____
Names and Ages: _____

Health Information

According to Idaho State Law, all children must be fully immunized OR an exemption form must be filled out before they will be allowed to attend school. Please provide the school with proof of Immunizations.

Are your child's immunizations up to date? Yes No

Does your child wear glasses and/or contacts? Yes No

Does your child wear hearing aids? Yes No

Child Custody Information

Idaho State law allows for both custodial and non-custodial parents to have access to their child's school records (this includes school activities, meetings and conferences with teachers and other school personnel) UNLESS a court document states otherwise. In addition, the provision of school counseling services need only be requested by ONE parent. Should there be a court document that restricts the rights of a parent, guardian, or specific person, the school personnel MUST be notified, AND a copy of the court documents must be present in the child's school file.

I/We understand the provisions of the law and recognize the rights of both custodial and non-custodial parents.

I/We understand the provisions of the law and do have court-ordered documentation restricting the rights of _____,
(Name) (Relationship to Child)

The restricted rights include _____

A copy of the court documentation has been provided and is in the child's school file.

Parent Signature: _____ Date: _____

CHALLIS ELEMENTARY SCHOOLS ANNUAL ENROLLMENT FORM

(Information on this form is used for all contact purposes, including emergencies. Please complete all information accurately and update the school anytime the information changes. One form per family may be completed.)

Student's Name (Last, First) Oldest to Youngest	Date of Birth	Grade	Teacher

Name of Guardian with whom the child/children reside with: _____

Is your child eligible to ride the bus? _____

Permission to ride bike or walk to school? _____

Parent Information:

Parent 1: _____

Parent 2: _____

Mailing Address:

Mailing Address:

Physical Address:

Physical Address:

County: _____

County: _____

Email: _____

Email: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Parent's Employer: _____

Parent's Employer: _____

Parent's Work Phone: _____

Parent's Work Phone: _____

Emergency Contact Information: (medical, disciplinary, or emergency) when the parent cannot be reached.

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Mid-Day Emergency School Closure: If there is a mid-day emergency and school is closed and we are unable to use the phone to contact you, school procedure is to send the children to their "end of the day" destination. If this is not acceptable, please provide us with an **alternate destination.**

Name: _____ Phone: _____

Address: _____ Bus Number & Driver: _____

Family Physician _____ Phone: _____

List any Medical Conditions your child has (Diabetic, Allergies, etc): _____

Other Concerns the school should be aware of about your child: _____

Child-Custody Information

Is there child-custody information for which we need to be aware of? Yes No

If yes, please explain, including contact rights or other pertinent information and provide the school with a copy of appropriate legal documents.

Handbook for the Parents of Elementary Students of Challis District Elementary Schools

Once you have read the handbook and had a chance to go over it with your student(s) it is important to sign below acknowledging you and your students are familiar with its contents. All students and parents will be required to follow the rules and policies outlined in this book.

Student's Name: _____ Student's Signature: _____

Student's Name: _____ Student's Signature: _____

Student's Name: _____ Student's Signature: _____

Student's Name: _____ Student's Signature: _____

Parent's Signature: _____ Date: _____

Student Publication

Every Year our students participate in many activities that we would like to publicize. This may be participating in a class project, school assembly, or it may be that they have received some special recognition like being student of the week or getting straight A's for a semester. Their name and/or picture could be in the local newspaper or on the school's web page. Before we publish their names, we would like to have your permission to do so. Please mark your desires below and sign.

_____ Yes, I give my permission for my student(s) photo and/or name to be published in conjunction with the school.

_____ No, I do not give my permission for my student(s) photo and/or name to be published in conjunction with the school.

Parent's Signature: _____ Date: _____

Challis Joint School District #181

PO Box 304*Challis, Idaho 83226

Ethnicity/Race Form

School Name: _____

Student Full Legal Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Birthdate: _____ Grade: _____

***Race and Ethnicity:**

Is this student Hispanic/Latino? Yes, Hispanic/Latino No, Not Hispanic/Latino

What is the student's race?

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Language spoken at home: _____

Father/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

Employer: _____ Email: _____

Mother/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

Employer: _____ Email: _____

I attest that the information contained herein is correct to the best of my knowledge.

Signature: _____ Date _____

Challis School District believes all students should have confidence in their power to embrace learning, to excel and to own their future.

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Student Residency Questionnaire

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive. (McKinney-Vento Act 42 U.S.C. 11435) The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Student Name			School	
Gender	Date of Birth	Phone #	Grade	Teacher
Is the student living with a parent or legal guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, with whom is the student living?			Relationship to student?	
Check (✓) one	Please identify the student's current living arrangement			For School Use
	1 - Permanent Housing - Rent/own a home/apartment or Doubled-up residency NOT due to economic hardship Please provide address _____			P
	2 - Doubled-up - Temporarily living with family or friends due to loss of housing, economic hardship, or similar reason Please provide address(es) _____			D
	3 - Shelter - Living in emergency or transitional shelter Please provide name of shelter _____			S
	4 - Hotel/Motel - Temporarily because of lack of other suitable housing Please provide name of hotel _____			H
	5 - Other Temporary Living Situation - In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.			U
Have you moved in the past 3 years to seek work as a paid laborer in any type of farming or fishing? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Please answer the following, if you checked any of the options 2, 3, 4 or 5

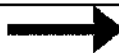
How long do you expect to be at this address? _____

Are you seeking permanent housing? _____

Date student moved to this address? _____

Please list names of any brothers/sisters below:

Last Name	First name	M/F	D.O.B	Grade	School



The undersigned certifies that the information provided above is accurate.

Name of individual filling out form (please print)

Signature

Relation to student

Date

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Statewide Home Language Survey

Our school district along with the Idaho State Department of Education and the Office for Civil Rights require that students' language(s) are identified. This survey's purpose is to determine whether they are potentially eligible for language services.

<u>Student Name:</u>		<u>Date:</u>	
<u>Birthdate:</u>		<u>Gender:</u>	Male Female
<u>School:</u>		<u>Grade:</u>	

1. What language(s) are spoken in the home? _____
2. What language(s) does your student speak most often? _____
3. What language(s) did your student first learn? _____
4. Which language does your child speak with you? _____
5. Which language do you use when speaking with your child? _____
6. Which language do you want phone calls and letters? _____
7. What is your relationship to the child?
 Mother Father Guardian Other (specify) _____
8. Is there any additional information you would like the school to know about your child? _____

Parent Signature

Date

Translator's Signature (if used)

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Student's School Dismissal Plan

Student: _____ School: _____

Grade: _____ Dismissal Teacher: _____

Does your student ride a bus? _____ YES _____ NO

If YES, what is their riding schedule? ___M ___T ___W ___TH / ___AM ___PM

Bus # _____ Driver Name: _____

Bus Stop Address: _____

Does your student ride their bike or walk to/from school? _____ YES _____ NO

Does your student get picked up from school? _____ YES _____ NO

If YES, please list all who may be picking up your student?

Additional information we may need to know regarding your student:

Parents Signature _____ Date _____

Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil). **INCOMPLETE APPLICATIONS WILL BE DENIED.**

****If you received notification on this school year that your child(ren) is approved for free meals - do NOT complete this form.**

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related.
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	School & District	Grade	Student?	Homeless, Migrant, Runaway?			
				Yes	No	Foster Child	Migrant	Runaway	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Provide case number if any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDIPIR

IF NO CASE NUMBER > Go to STEP 3. IF CASE NUMBER > Write one case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

STEP 3 Report GROSS Income (before deductions) for ALL Household Members (Skip this step if you answered STEP 2)

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income \$ _____

How often? Weekly Bi-weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work	How often?			Public Assistance/ Child Support/Alimony	Child Income	How often?			Pension/Retirement/ All Other Income	How often?						
		Weekly	Bi-weekly	2x Month			Monthly	Weekly	Bi-weekly		2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Check if no SSN

STEP 4 Contact information and adult signature (All applications MUST be SIGNED by an adult member of the household) **PROVIDE COMPLETED FORM TO THE SCHOOL**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

Printed name of adult signing the form _____ Signature of adult _____ Today's date _____

Daytime Phone and Email (optional) _____