



# Boise School District Student Enrollment Form

First Day of Enrollment: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Student's **LEGAL** Name: \_\_\_\_\_  
First/Given Middle Surname/Family Name

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

☐ Male ☐ Female If born outside the United States, month/date of US Entry: \_\_\_\_\_

Ethnicity (Optional) Check all that apply

- ☐ Am Indian/Alaska Native
- ☐ Asian
- ☐ Black/African Am
- ☐ Pacific Islander
- ☐ White
- ☐ Hispanic

Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Has the Student ever attended a Boise School Before? ☐ Yes ☐ No

If yes, provide the School, Grade, and Year \_\_\_\_\_

Special Services at Previous School? ☐ Yes ☐ No

Program: \_\_\_\_\_

Home Language(s): \_\_\_\_\_

Medical Information: \_\_\_\_\_

Custodial Information (if applicable)

Custody: ☐ Mother ☐ Father ☐ Joint

Non Custodial Parent: ☐ Permission to see ☐ Pick Up

Copy of custody papers on file ☐ Yes ☐ No

Recent Booster Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

## Student Residency (Identifying students who may qualify to receive additional services)

Where does the student stay at night?

- ☐ In a home you own or rent
- ☐ Temporarily with another family in a house, mobile home or apartment
- ☐ Other (please specify): \_\_\_\_\_

## Primary Household

Home Phone: \_\_\_\_\_ ☐ Private Effective Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_ ☐ Private

Number Street Apt/Lot

City State Zip

Mailing (if different): \_\_\_\_\_ ☐ Private

Number Street Apt/Lot

City State Zip

## Parent/Guardian (Living in this Household)

Name: \_\_\_\_\_

First/Given

Middle Initial

Surname/Family Name

Relation To Student

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

- ☐ Messenger
- ☐ Portal Access
- ☐ Mailing

## Parent/Guardian (Living in this Household)

Name: \_\_\_\_\_

First/Given

Middle Initial

Surname/Family Name

Relation To Student

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

- ☐ Messenger
- ☐ Portal Access
- ☐ Mailing

### For Office Use Only

- ☐ Certified Birth Certificate
- ☐ Immunization Records
- ☐ Immunization Exempt Form
- ☐ Health History
- ☐ Proof of Residency
- ☐ Home Language Survey
- ☐ Check-out from previous school
- ☐ Physical Form

Generally, a student is eligible for bus transportation if their residence is 1.5 miles or more from their school, or within a board-approved safety busing area. If you believe your child is eligible, check here to apply for school bus transportation. \_\_\_\_\_

Parent/Guardian Signature

Date



City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- ☐ Messenger
- ☐ Portal Access
- ☐ Mailing

- ☐ Messenger
- ☐ Portal Access
- ☐ Mailing

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

Legal Name	Birthdate	Grade	School Child Attends
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