



Challis Elementary
 P.O. Box 304
 1000 East Bluff Avenue.
 Challis, ID 83226
 (208) 879-2439
Home of the Vikings FAX: (208) 879-5525

<i>Office use only:</i>	Student number: _____
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Records Requested _____
<input type="checkbox"/> Proof of Residence	<input type="checkbox"/> Records Received: _____
<input type="checkbox"/> Immunization Record	Home Room: _____

REGISTRATION FORM

Date: _____

* Do you live within the boundaries of the Challis Joint School District? Yes___ No___

* If your child is entering Kindergarten this school year, does his/her 5th birthday fall before the first day of September? Yes___ No___

Child's Legal Name Listed on Birth Certificate: _____

AKA (also known as) _____ Grade _____ M _____ F _____

Mailing Address _____ Home Ph.: _____

Physical Address _____ Email: _____

City _____ State _____ Zip Code: _____

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 Step-parent Guardian

Are you a Migrant Family? Yes___ No___

Does your student have? An IEP A 504 plan Other: _____

Father's Name: _____ Work/Day Phone: _____

Cell Phone #: _____

Mother's Name: _____ Work/Day Phone: _____

Cell Phone #: _____

Guardian: _____ Work/Day Phone: _____

Step-Parent: _____ Work/Day Phone: _____

Name of Person to Contact in Case of an Emergency and Parents Cannot be Reached: _____

Relationship: _____ Ph. No.: _____

Dr. preference: _____ Address: _____

School Last Attended: _____

Address: _____

City: _____ State _____ Zip _____

Language Spoken in the Home _____

Number of Brothers _____ Number of Sisters _____

Names of Brothers and Age: _____ Name of Sisters and Age: _____

Signature _____

Immunization Information:

According to Idaho State Law, all children must be fully immunized before they will be allowed to attend school.

Is your child's immunization up-to-date? Yes____ No____

Have you provided the school with a copy of your child's immunization records? Yes____ No____

Does your child wear glasses? Yes____ No____

Does your child wear a hearing aid? Yes____ No____

Child Custody Information

Idaho State law allows for both custodial and non-custodial parents to have access to their child's (children'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 other specific person, school personnel **must** be notified and a copy of that document must be in the child's (children'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 above described documentation has been provided and is included in the _____ child's school records.