

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 with any changes. **One form per family may be completed.**)*

Child's Name Last Name, First Name(oldest first)	Date of Birth	Grade	Teacher

Name of guardian with whom the children reside: _____

(If child does not reside with father or mother, child resides with): _____

Is your child eligible to ride the Bus? _____ Permission to ride a bike to school? Y/N _____

Parent Information:

Father: _____

Mother: _____

Mailing Address: _____

Mailing Address: Check box if same as father's.

Physical Address: _____

Physical Address: Check box if same as father's

County: _____

County: _____

Email: _____

Email: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Father's Employer: _____

Mother's Employer: _____

Father's work phone: _____

Mother's work phone: _____

Name of Person(s) and phone numbers to contact in the event of emergency (medical, disciplinary, or school emergencies) or when the parent cannot otherwise be reached:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Mid-Day Emergency School Closure:

If there is a mid-day emergency and schools are closed, your child may not be able to use the phone or the school may not be able to contact you (although every effort will be made). School procedure is to send children to their "end of school day" destination. If this is not acceptable, please provide us with information for the **alternate destination**.

Name _____ Phone # _____

Address _____

Bus Driver _____

-Over-

Family Physician _____ Phone # _____

Needed Medical Information (diabetic, allergies, etc) _____

Others concerns the school should be aware of about your child(ren) _____

Child-Custody Information

Is there child-custody information for which we need to be aware? 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 student(s) are familiar with its contents. All students and parents will be required to follow the rules and policies outlined in this book including proper computer use.

STUDENT'S NAME: _____ STUDENT'S SIGNATURE: _____

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STUDENT'S NAME: _____ STUDENT'S SIGNATURE: _____

STUDENT'S NAME: _____ STUDENT'S SIGNATURE: _____

PARENT'S SIGNATURE: _____ DATE: _____

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Student Publication

Every year our students participate in many activities that we would like to publicize. This may be participating in a cleanup project or 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 quarter. Their name and/or picture could be in the local paper or on the school web page. Before we publish their names we would like to have your permission to do so. Please mark your desires below and sign.

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

_____ 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: _____

PLEASE RETURN THIS FORM TO THE MAIN OFFICE