

STUDENT REGISTRATION FORM
Teton County School District #1
P.O. Box 568
Jackson, WY 83001



ENROLLMENT DATE _____ ENROLLMENT GRADE _____ ENROLLMENT SCHOOL _____

NAME: LAST _____ FIRST _____ MI _____ SUFFIX _____ GENDER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ COUNTRY ENTRY DATE _____

(if born outside of USA)

ETHNICITY: American Indian or Alaska Native _____ Asian or Pacific Islander _____ Black _____ Hispanic _____ White _____

LANGUAGE SPOKEN AT HOME _____ HOME PHONE NUMBER _____

EMAIL ADDRESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

RESIDES ON FEDERAL PROPERTY _____ **PARENT WORKS FOR FEDERAL GOVERNMENT** _____

MOTHER (Last, First) _____ MOTHER'S EMPLOYER _____

MOTHER'S MAILING ADDRESS _____ MOTHER'S WORK PHONE _____

MOTHER'S HOME PHONE _____ MOTHER'S CELL PHONE _____

FATHER (Last, First) _____ FATHER'S EMPLOYER _____

FATHER'S MAILING ADDRESS _____ FATHER'S WORK PHONE _____

FATHER'S HOME PHONE _____ FATHER'S CELL PHONE _____

(FILL OUT GUARDIAN INFORMATION IF OTHER THAN PARENT)

GUARDIAN (Last, First) _____ GUARDIAN'S EMPLOYER _____

GUARDIAN'S MAILING ADDRESS _____

GUARDIAN PHONES: HOME _____ CELL _____ WORK _____

STUDENT RESIDES WITH _____ If divorced, who has legal custody of child? _____

Please list any restrictions on non-custodial parent (Must be documented) _____

All district/school mailings will be sent to the address entered under mailing address. If you would like a second copy sent to another address, please list below.

SECOND MAILING NAME _____ SECOND MAILING ADDRESS _____

IF STUDENT WAS IN A DAY-CARE, PRE-SCHOOL OR HEADSTART, List schools

IF TRANSFERRING FROM ANOTHER SCHOOL, List school name and address

Has this child ever been in a SPECIAL EDUCATION class? _____

Does this child have a current IEP? _____

Has this child ever been in a TITLE ONE program? _____

Has this child ever been in a GIFTED/TALENTED program? _____

Has this child ever been suspended, expelled or recommended for expulsion from school? _____

MEDICAL/EMERGENCY INFORMATION

Please note: Contacts should be someone over the age of 21 (OTHER THAN THE PARENT/GUARDIAN) with a driver's license who can pick up and assume temporary care.

EMERGENCY CONTACT 1 _____ PHONE # _____

EMERGENCY CONTACT 2 _____ PHONE # _____

STUDENT'S DOCTOR _____ PHONE # _____

STUDENT'S DENTIST _____ PHONE # _____

In case of serious injury, attempts will be made to reach the named parent or guardian. In the event that parents, other persons, or physicians provided cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment for the health of your child. The school district is not financially responsible for the emergency and/or transportation of your child.

Please list any medical condition, injury, or medication which the school staff should be aware of: i.e. Diabetes, Asthma, seizures, hearing or visual problems, AIDS, severe allergies, orthopedic problems, Attention Deficit Disorder, or hyperactivity problems, daily medications. THIS INFORMATION WILL BE SHARED WITH STAFF.

Do you give permission for your son/daughter to participate in field trips that are planned during the year to enhance learning?

Yes _____ No _____

Teton County School District #1 may publish pictures of students, student activities and sports, or student work in the local newspaper or on our website. If you would prefer that the district not publish your child's picture or work please contact, in writing, the school in which your child is enrolled.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

Please note: Your child may be enrolled for only 30 days if documentation requirements for birth, immunization and proof of residency are not met.

FOR OFFICE USE: Please do not write in this area

DOCUMENTS RECEIVED: BIRTH CERTIFICATE ___ IMMUNIZATIONS ___ PROOF OF RESIDENCY ___