

Please fill out and complete the  
Registration Form: (below this  
list)

ADDITIONAL ITEMS  
NEEDED TO TO ENROLL AT  
W.H.S

\*Immunization records

\*Birth Certificate

\*Previous School Transcripts

W.H.S. will request permanent records from previous  
school upon enrollment at W.H.S.

**PIONEER ELEMENTARY SCHOOL**  
624 Pioneer Road  
Weiser, ID 83672  
Tel: 208-414-3131/Fax: 208-414-3198

**PARK INTERMEDIATE**  
758 E. Park Street  
Weiser, ID 83672  
Tel: 208-414-2861/Fax: 208-414-0851

**WEISER MIDDLE SCHOOL**  
320 E. Galloway Avenue  
Weiser, ID 83672  
Tel: 208-414-2620/Fax: 208-414-2094

**WEISER HIGH SCHOOL**  
690 Indianhead Road  
Weiser, ID 83672  
Tel: 208-414-2595/Fax: 208-414-1795

## REGISTRATION FORM

### FOR OFFICE USE ONLY

Student SM ID# \_\_\_\_\_ Birth Certificate YES \_\_\_ NO \_\_\_ 30 DAY LETTER \_\_\_ Immunizations YES \_\_\_ NO \_\_\_  
Registration Date \_\_\_\_\_ Admission Date \_\_\_\_\_ Has student been previously enrolled in our District YES \_\_\_ NO \_\_\_ Bus \_\_\_\_\_  
Entering Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Last School Attended \_\_\_\_\_

**STUDENT'S LEGAL NAME** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **MALE**  **FEMALE**

**ADDRESS** \_\_\_\_\_ **BIRTH PLACE (CITY/STATE)** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_

Is there more than one family living here? \_\_\_ Yes \_\_\_ No Is this a temporary address? \_\_\_ Yes \_\_\_ No

**ETHNICITY** Hispanic or Latino \_\_\_ Yes \_\_\_ No

**RACE (Select one or more)** Optional. If you choose not to complete this section, we will either use the existing information contained in your file or a designated school staff person(s) will observe and select racial and ethnic categories on your behalf, as required by the Federal government for aggregate reporting.

American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**PLEASE LIST THE NAME(S) OF THE LEGAL PARENT/GUARDIAN WHOM THE STUDENT LIVES WITH FULL TIME:**

**Mother** \_\_\_\_\_  
\_\_\_\_\_ Parent \_\_\_\_\_ Step Parent

**Father** \_\_\_\_\_  
\_\_\_\_\_ Parent \_\_\_\_\_ Step Parent

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

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

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Phone \_\_\_\_\_

Employer's Phone \_\_\_\_\_

**Guardian** \_\_\_\_\_

**Guardian** \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Phone \_\_\_\_\_

Employer's Phone \_\_\_\_\_

**IF YOUR CHILD IS RESIDING WITH ONLY ONE PARENT, AND THE OTHER PARENT IS LIVING, PLEASE LIST THE NAME OF THE NON-CUSTODIAL PARENT AND CHECK THE APPROPRIATE BOXES BELOW.**

Name \_\_\_\_\_  
\_\_\_\_\_ Mother \_\_\_\_\_ Father

Address \_\_\_\_\_

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

Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_

\_\_\_\_\_ Is allowed to pick child up.

\_\_\_\_\_ Is not allowed to pick child up. (Legal documentation required)

\_\_\_\_\_ Is there any type of restraining order? \_\_\_ Yes \_\_\_ No  
(If yes, legal documentation required)

