

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 ___
Registration Date _____ Admission Date _____ Immunization YES ___ NO ___ Screening YES ___ NO ___ Bus _____
Entering Grade _____ Teacher _____ Registrar _____ Student has been enrolled in WSD Previously _____

STUDENT'S NAME _____ **DATE OF BIRTH** _____ **MALE** **FEMALE**

ADDRESS _____ **BIRTH PLACE (CITY/STATE)** _____

CITY _____ **ST** _____ **ZIP** _____ **Primary 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 (Circle one or more)

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 GUARDIAN WITH WHOM THE STUDENT LIVES WITH FULL TIME:

Mother _____
_____ Parent _____ Step Parent

Cell Phone _____

Employer _____

Employer's Phone _____

Email Address _____

Guardian _____

Relationship to Student _____

Home Phone _____ Cell Phone _____

Employer _____

Employer's Phone _____

Father _____
_____ Parent _____ Step Parent

Cell Phone _____

Employer _____

Employer's Phone _____

Email address _____

Guardian _____

Relationship to Student _____

Home Phone _____ Cell Phone _____

Employer _____

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 BELOW.

Name _____
_____ Mother _____ Father

Address _____

City/State/Zip _____

Employer _____

Employer Phone _____

_____ Is allowed to pick child up.

_____ Is not allowed to pick child up. (Documentation **required**)

_____ Needs to be advised of Parent/Teacher Conferences

_____ Mail a copy of the report card

Is there any type of restraining order? ___ Yes ___ No

(If yes, documentation **required**)

List the names of at least two **local** emergency contacts in order of priority. Contacts will be used only after all efforts have been exhausted to reach a legal guardian.

Name: _____ Home# _____ Work# _____ Cell# _____

Address: _____ Relationship to student _____

Name: _____ Home# _____ Work# _____ Cell# _____

Address: _____ Relationship to student _____

Name: _____ Home# _____ Work# _____ Cell# _____

Address: _____ Relationship to student _____

Name: _____ Home# _____ Work# _____ Cell# _____

Address: _____ Relationship to student _____

Has your child been evaluated for or received any special services? ___ Yes ___ No

If yes, please check area(s)

___ Title I ___ Resource ___ IEP (Individual Education Plan) ___ ELL (English Limited Language)

Is he/she currently participating in the program ___ Yes ___ No

Has your child been evaluated for the gifted and talented program? ___ Yes ___ No

Is he/she currently participating in the program? ___ Yes ___ No

Does your child have health related issues, glasses, hearing aids etc.? ___ Yes ___ No

If yes, what? _____

Is your child currently taking medications? ___ Yes ___ No

If yes, what? _____

Does your child have allergies to medications or food? ___ Yes ___ No

If yes, what? _____

Do you have any concerns about your child's behavior? ___ Yes ___ No

If yes, what? _____

Do you have Insurance Coverage for your child? ___ Yes ___ No

If yes, what? _____

SIBLINGS

Name Grade Name Grade

Name Grade Name Grade

Name Grade Name Grade

The information provided on this form is accurate to the best of my knowledge.

Signature _____
Parent or Guardian

Date _____

Comments : _____
