



Boise School District Student Enrollment Form

First Day of Enrollment: _____ Grade Level: _____
 Student's **LEGAL** Name: _____
First/Given Middle Surname/Family Name

Also Known As: _____

Date of Birth: _____ Place of Birth: _____

Male Female If born outside the United States, month/date of US Entry: _____

- Ethnicity (Optional) Check all that apply
- Am Indian/Alaska Native
 - Asian
 - Black/African Am
 - Pacific Islander
 - White
 - Hispanic

Last School Attended: _____
 Address: _____
 City: _____ State: _____

Has the Student ever attended a Boise School Before? Yes No
 If yes, provide the School, Grade, and Year _____

Special Services at Previous School? Yes No
 Program: _____

Home Language(s): _____

Custodial Information (if applicable)
 Custody: Mother Father Joint
 Non Custodial Parent: Permission to see Pick Up
 Copy of custody papers on file Yes No

Medical Information:
 Recent Booster Date: _____
 Allergies: _____
 Medication: _____

Student Residency (Identifying students who may qualify to receive additional services)

Where does the student stay at night?

- In a home you own or rent
- Temporarily with another family in a house, mobile home or apartment
- Other (please specify): _____

Primary Household

Home Phone: _____ Private Effective Date: _____

Residence Address: _____ Private
Number Street Apt/Lot
City State Zip

Mailing (if different): _____ Private
Number Street Apt/Lot
City State Zip

Parent/Guardian (Living in this Household)

Name: _____
First/Given Middle Initial Surname/Family Name Relation To Student

Employer: _____ Work Phone: _____
 Email Address: _____ Cell Phone: _____

- Messenger
- Portal Access
- Mailing

Parent/Guardian (Living in this Household)

Name: _____
First/Given Middle Initial Surname/Family Name Relation To Student

Employer: _____ Work Phone: _____
 Email Address: _____ Cell Phone: _____

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For Office Use Only

- Certified Birth Certificate
- Immunization Records
- Immunization Exempt Form
- Health History
- Proof of Residency
- Home Language Survey
- Check-out from previous school
- Physical Form

Generally, a student is eligible for bus transportation if their residence is 1.5 miles or more from their school, or within a board-approved safety busing area. If you believe your child is eligible, check here to apply for school bus transportation. _____

 Parent/Guardian Signature Date



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Secondary Household - *If the student lives in both households please check here*

Home Phone: _____ Private Effective Date: _____

Residence Address: _____ Private

Number Street Apt/Lot

City State Zip

Mailing (if different): _____ Private

Number Street Apt/Lot

City State Zip

Parent/Guardian (Living in this Household)

Name: _____
First/Given Middle Initial Surname/Family Name Relation To Student

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

- Messenger
- Portal Access
- Mailing

Parent/Guardian (Living in this Household)

Name: _____
First/Given Middle Initial Surname/Family Name Relation To Student

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

- Messenger
- Portal Access
- Mailing

Emergency Contacts *(Please provide a person or persons (other than the parents) who could be contacted in an emergency).*

Emergency Contact: _____ Cell Phone: _____

Relation to Student: _____ Work Phone: _____

Emergency Contact: _____ Cell Phone: _____

Relation to Student: _____ Work Phone: _____

Doctor: _____ Phone: _____

All Children Living in the Primary Household

Legal Name Birthdate Grade School Child Attends

Legal Name Birthdate Grade School Child Attends

Legal Name Birthdate Grade School Child Attends

Legal Name Birthdate Grade School Child Attends

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