



Boise School District Student Enrollment Form

Grade Level: _____

First Day of Enrollment: _____

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): _____

Medical Information:

Custodial Information (if applicable)

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

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: _____ Private

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

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

Parent/Guardian (Living in this Household)

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

Employer: _____ Work Phone: _____ Messenger
Email Address: _____ Cell Phone: _____ Portal Access
 Mailing

Parent/Guardian (Living in this Household)

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

Employer: _____ Work Phone: _____ Messenger
Email Address: _____ Cell Phone: _____ Portal Access
 Mailing

- 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



Student Health History Boise School District

Health Services requires the following information to complete your child's enrollment. Health information you provide about your child is confidential and will be used to provide safe, informed care at school, and will only be communicated to personnel who require it to better serve your child. **If your child has a medical condition, or medical changes occur during the school year, it is the parent/guardian's responsibility to notify the school nurse and update this information.**

Name _____ Date of Birth _____ Male Female
 STUDENT HAS NO KNOWN HEALTH CONDITION. If there is a health condition, please complete this form. Check all that apply.

Please check any health concerns that apply:

ALLERGIES

Student has allergies
 Allergy is mild. NO medication or accommodations necessary.
 Allergy is severe. Medication required: Epi-Pen Benadryl
 Bee/insect sting:
Describe Reaction _____
 Medication Allergy _____
Describe Reaction _____
 Food Allergy _____
Describe Reaction _____
 Environmental Allergy _____
Describe Reaction _____

**ASTHMA
WHAT TRIGGERS
ASTHMA ATTACKS**

Student has Asthma
 Smoke Exercise Illness Allergies
Other _____
List asthma medication _____

**ATTENTION DEFICIT
DISORDER (ADD/ADHD)**

Student has ADHD or ADD
Treatment _____

**EMOTIONAL/BEHAVIORAL
CONCERNS**

Student has emotional concerns
Diagnosis _____
Treatment _____

DIABETES

Student has diabetes
 Insulin Dependent
 Non-Insulin Dependent

**EATING/DIGESTION
DISORDER**

Student has eating or digestive disorder
Details _____

**KIDNEY/BLADDER
DISORDER**

Student has a kidney or bladder disorder
Details _____

HEART DISORDER

Student has a heart disorder
Details _____

**MUSCLE/JOINT/BONE
DISORDER**

Student has a disorder with muscles, joints, or bones
Details _____

VISION

Student has a vision concern
Details _____
 Contacts Glasses Vision Loss Color Blindness
Other - Please specify: _____
Date of last exam _____



The Independent School District of Boise City

8169 West Victory Road
Boise, ID 83709

(208) 854-4000
Fax (208) 854-4007

Boise School District along with the Idaho State Department of Education and the Office for Civil Rights require that all students' primary home language(s) are identified. The survey's purpose is to determine whether your student is potentially eligible for language services.

Statewide Home Language Survey

Today's Date: _____

School: _____

Grade _____

Student's First Name	_____	Student's Last Name:	_____
Birthdate	_____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

1. What language(s) is spoken in the home? _____
2. What language(s) did your student first learn? _____
3. What language(s) does our student speak most often? _____
4. Which language does your student speak with you? _____
5. Which language do you use when speaking with your child? _____
6. Which language do you want phone calls and letters? _____
7. What is your relation to the child? _____
8. Is there any additional information you would like the school to know about your child?



Hillcrest Elementary School

2045 South Pond Street
Boise, ID 83705
Phone: (208) 854-5080

Principal: Mrs. Laura Rutherford
Administrative Assistant: Julie Monasterio
Fax: (208) 854-5081

Dear Parents/Guardians:

Throughout the school year, your child may have the opportunity to participate in and enjoy field trips of educational interest. Field trips can be a valuable extension of the classroom. In order that these trips may be planned with your cooperation, the teachers wish you to express your thoughts in regard to your child's participation.

If you would like your child to participate in these trips throughout the school year, please sign your name below.

We wish to have these parent permissions on file, in advance, so that no child will be denied the privilege of participating in a field trip because they forgot to return the permission slip on time.

We will notify you as field trips are scheduled, so you will be aware of the specific nature of the trip. If you have any questions or concerns regarding a field trip, please consult with your child's classroom teacher.

Thank you for your cooperation.

Sincerely,

Laura Rutherford, Principal

I hereby give my consent to allow my child, _____
to participate in school field trips throughout the school year.

Teacher name: _____

Date

Parent/Guardian Signature



Hillcrest Elementary

We R.O.A.R to help us S.O.A.R!

*Respect * Ownership * Acceptance * Responsibility*

*Strength * Opportunities * Aspirations * Results*

2045 South Pond Street
Boise, ID 83705
Phone: (208) 854-5080

Principal: Laura Rutherford
Administrative Assistant: Julie Monasterio
Fax: (208) 854-5081

TO: _____ FAX NUMBER: _____

ATTENTION: _____

FROM: _____

THE INDEPENDENT SCHOOL DISTRICT OF BOISE CITY

Please send all school records of the following pupil(s):

Name* _____ DOB _____ Grade _____

Name* _____ DOB _____ Grade _____

Name* _____ DOB _____ Grade _____

*Please include "also known as."

To the following school:

Hillcrest Elementary School
2045 S. Pond St.
Boise, ID 83705

By this signature, I am releasing the above school for any liability but reserve the right to examine the records upon receipt if I so request.

Parent's Signature _____ Date _____

Present Address: _____

Phone: _____

Administrative Assistant Signature: _____

Julie Monasterio

