

			nt Enrolline	
First Day of Enrollment:		G	rade Level:	<del></del>
mac Day of Emolitica				
tudent's LEGAL Name:First/Given	n Middle	Su	rname/Family Nam	e
Also Known As:				
Date of Birth:	Place of Birth:		<u> </u>	
☐ Male ☐ Female	If born outside the United State	es, month/date of US	Entry:	
	Last School Attended:			
Ethnicity (Optional) Check all that apply	Address:			
☐ Am Indian/Alaska Native	City:	Stat	:e:	
☐ Asian	Has the Student ever attended a		☐ Yes ☐ No	
☐ Black/African Am	If yes, provide the School, Grade, a	and Year		
☐ Pacific Islander	• • •			
☐ White ☐ Hispanic	Special Services at Previous Sch.  Program:			
	Home Language(s):		₩	
Custodial Information (if applicable)	Medical Information:			
Custody:   Mother   Father   Joint  Non Custodial Parent:   Permission to see	Pick Up Recent Booster Date:			
Copy of custody papers on file TYes TNo	VIIEL SICH			
Copy of castody p-pore an in-	Medication:			
Other (please specify):  Primary Household				
Home Phone:	☐ Private	Effective Date: _		
Residence Address:	irrest	Apt/Lat	🗆 Private	
Number				
City	Seaso	Zip	☐ Private	
Mailing (if different):	Street	AperLot		
Number				
City	Scien	Ζφ		
Parent/Guardian (Living in this Househ	οια)		9	a
Name:	Middle Instial	Surrame-Femily Name Work Phone:	Relation To Studen	Messende
Employer:				⊔ messenge □Portal Acc
Email Address:		Cell Phone:		□Mailing
	L - LAS			
Parent/Guardian (Living in this House				
Name:	Middle Inical	Surname/Family Name	Religion To Soud	
Employer:		Work Phone:		☐ Messenge
Email Address:		Cell Phone:		<b>OMailing</b>
Cinali Address.				
For Office Use Only		- A	an if shain sasids	nce is 15
Certified Birth Certificate	Generally, a student is eligible	e for bus transportation	in il uleir reside	ry busing
☐ Immunization Records	miles or more from their sch	1001, or within a board	ato apply for so	hool bus
☐ Immunization Exempt Form	area. If you believe your child	d is eligible, check her	e to apply for at	
Health History	transportation.			
☐ Proof of Residency				
☐ Home I anguage Survey				
☐ Home Language Survey ☐ Check-out from previous school	Parent/Guardian Signature			Date



School Child Attend

Home Phone:		Effective Date:	
Residence Address:	O Private	Lifecure Date	
Number	Scroos	ApelLot	O Private
City	States	Σφ	
Mailing (if different):	Street	Applies	Q Private
4			
Parent/Guardian (Living in this Ho	usehold)	Zip	
Name:			
Frest Given Employer:	Ptiddle Initial	Surnama/Family Name Work Phone:	Relation To Student
Email Address:		Cell Phone:	☐ Messenger ☐Portal Acces
		Cell Phone:	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Parent/Guardian (Living in this Ho	ousehold)	ži.	•
Name:			
Employer:	Middle Invited	Surname/Family Name	Relation To Scudent
Email Address:		Work Phone:	
		Cell Filone:	OMailing
emergency Contact		ell Phone:	
Relation to Student:  Emergency Contact:	Wo	cell Phone:  cell Phone:  cell Phone:	
Relation to Student:  Emergency Contact:	Wa	ork Phone:	
Relation to Student:Emergency Contact:  Relation to Student:	Wo	ork Phone: Cell Phone: Ork Phone: Phone:	
Relation to Student:  Emergency Contact:  Relation to Student:  Doctor:  All Children Living in the Prim	Wo	ork Phone: Cell Phone: Ork Phone:	
Relation to Student:  Emergency Contact:  Relation to Student:  Doctor:  All Children Living in the Prim	Wo	ork Phone: Cell Phone: Ork Phone: Phone:	
Relation to Student:  Emergency Contact:  Relation to Student:  Doctor:  All Children Living in the Prim	ary Household Birthdate	ork Phone:	School Child Attends
Relation to Student:  Emergency Contact:  Relation to Student:  Doctor:  All Children Living in the Prim  Legal Name  Legal Name	Birthdate	Grade	School Child Attends School Child Attends
Relation to Student:  Emergency Contact:  Relation to Student:  Doctor:  All Children Living in the Prim	Birthdate  Birthdate	Grade  Grade  Grade	School Child Attends School Child Attends School Child Attends
Relation to Student:  Emergency Contact:  Relation to Student:  Doctor:  All Children Living in the Primal Legal Name  Legal Name  Legal Name  Legal Name	Birthdate Birthdate Birthdate	Grade  Grade  Grade  Grade	School Child Attends School Child Attends School Child Attends School Child Attends
Relation to Student:  Emergency Contact:  Relation to Student:  Doctor:  All Children Living in the Primary  Agai Name  Agai Name  Agai Name  Agai Name  Agai Name  Agai Name	Birthdate Birthdate Birthdate Birthdate	Grade  Grade  Grade  Grade  Grade	School Child Attends School Child Attends School Child Attends School Child Attends



#### **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				
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				
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				

HEARING	Student has a hearing disorder   Ear Infections  Tubes in ears  Hearing Aides  Speech Therapy Hearing Loss Details
HEADACHES	Student has significant headaches  Type Frequency Treatment
HEAD INJURY	Student had a previous head injury  Date Severity
SEIZURES	Student has seizures  Type Frequency Medication
PAST SURGERIES	This student has had previous surgeries Details
PAST MAJOR ILLNESS/INJURY	Student had MAJOR past injuries or illnesses   Details
MEDICATIONS	Student regularly takes medications  Student takes medications at home  Please list:  Student takes medications at school  Please list:  If you suspect your child's health condition is a disability that could substantially limit their learning or another major life activity, you may request a meeting with the school to evaluate if additional services or accommodations are needed. Please contact the school nurse to request this evaluation.
OTHER MEDICAL CONDITIONS OR LIMITING PHYSICAL DISORDERS	Does this student have other limiting conditions or physical disorders?  Details:  Were there any concerns with the child's health and/or development during pregnancy, delivery or infancy? If so, please explain.
lbup Cou	taminophen/Tylenol
Today's Date Parent/Guardian Name Parent/Guardian Signature	



# 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

chool:		Grade	
Student's First Name		Student's Last Name.	
Birthdate		Gender	☐ Male ☐ Female
What langu	age(s) is spoken in the	e home?	
			ild?
i. Which lan	guage do you want ph	one calls and letters?	
7. What is yo	ur relation to the chile	i?	
8. Is there an	y additional informati	on you would like the so	chool 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\* \_\_\_\_\_\_Brade\_\_\_\_\_ \*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