



**2021-2022
Salmon River Jr-Sr High School
New Student Enrollment Form**

For Office Use Only	
Registration Date _____	
Entry Date _____	
<u>Completed</u>	
Birth Certificate	Y N
Immun. Record	Y N
Records Request	Y N
Health Info	Y N
Med Author	Y N
Ethnicity	Y N
Language	Y N
Migrant	Y N
Residency	Y N
Student Service	Y N
Internet Agreement	Y N
Photo Release	Y N
Off Campus	Y N
Passenger	Y N
Parking	Y N
Policy/Perm Form	Y N

STUDENT INFORMATION

Date: _____

Student's Legal Name (as shown on birth certificate):

Last *First* *Middle*

Also Known As *or* Previous Legal Name (Last, First Middle) _____

Male Female Date of Birth: _____ Grade: _____

Place of Birth (Country if other than US, City, and State): _____

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

MILITARY CONNECTED

N-Not Military Connected A-Active Duty R-National Guard or Reserve X-Unable to provide

TRANSPORTATION

Does the student ride a bus? Yes No

If yes: Both to and from school Only TO school Only FROM school

LEGAL RESTRICTIONS

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

Are there any legal restrictions regarding contact with this child? Yes _____ No _____ **If yes, a copy of the court order MUST be on file at the school.** In order to enforce any restrictions on visitation, the school district must be provided copies of legal documents (custody award, restraining order, or other court order). Our normal procedure is to contact the custodial parent when individual's attempt to make contact with your child without proper authorization. Please indicate any other procedures you want us to follow.

Your child's welfare is our primary concern. Please advise the school immediately of any changes in this information. Your cooperation is appreciated.

PARENT/GUARDIAN INFORMATION

Who is the student's primary legal guardian?

Name (Last, First) *Relationship to Student*

Student lives with (Circle those that apply):

Both parents Mother Only Father Only Mother & Stepfather Father & Stepmother
Guardian Grandparents Only Foster Parents/Family

Phone number to receive messages about student absences: _____

Primary email for school communications: _____

PARENT/GUARDIAN INFORMATION

Mother or Legal Female Guardian: This is the (circle one) 1st 2nd 3rd person to contact if there is a student emergency.

Name (Last, First) *Relationship to Student*

Physical Address: _____

City: _____ County _____ State _____ Zip _____

Mailing Address (if different) _____

City: _____ County _____ State _____ Zip _____

Home Phone: _____ Email: _____

Cell Phone: _____

Employer: _____ Work Phone: _____

Father or Legal Male Guardian: This is the (circle one) 1st 2nd 3rd person to contact if there is a student emergency.

Name (Last, First) *Relationship to Student*

Physical Address: _____

City: _____ County _____ State _____ Zip _____

Mailing Address (if different) _____

City: _____ County _____ State _____ Zip _____

Home Phone: _____ Email: _____

Cell Phone: _____

Employer: _____ Work Phone: _____

PARENT/GUARDIAN INFORMATION

Other Legal Guardian: This is the (circle one) 1st 2nd 3rd person to contact if there is a student emergency.

Name (Last, First) *Relationship to Student*

Physical Address: _____

City: _____ County _____ State _____ Zip _____

Mailing Address (if different) _____

City: _____ County _____ State _____ Zip _____

Home Phone: _____ Email: _____

Cell Phone: _____

Employer: _____ Work Phone: _____

ADDITIONAL EMERGENCY CONTACTS

This is the (circle one) 4th 5th 6th person to contact if there is a student emergency.

Contact Name (Last, First) *Relationship to Student*

Phone: _____ Home Cell Work

Phone: _____ Home Cell Work

This is the (circle one) 4th 5th 6th person to contact if there is a student emergency.

Contact Name (Last, First) *Relationship to Student*

Phone: _____ Home Cell Work

Phone: _____ Home Cell Work

This is the (circle one) 4th 5th 6th person to contact if there is a student emergency.

Contact Name (Last, First) *Relationship to Student*

Phone: _____ Home Cell Work

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