

Date: \_\_\_\_\_

# TROY SCHOOL DISTRICT #287 STUDENT REGISTRATION FORM

TROY ELEMENTARY SCHOOL  
103 TROJAN DRIVE  
TROY ID 83871-0280  
PHONE: 208-835-4261 FAX: 208-835-4250

TROY JR SR HIGH SCHOOL  
101 TROJAN DRIVE  
TROY ID 83871-0280  
PHONE: 208-835-2361 FAX: 208-835-2441

**Legal Name of Student** \_\_\_\_\_ Nickname \_\_\_\_\_  
Last First Middle

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_  
CITY STATE

**Circle Race** (select one or more): *Hispanic or Latino / American Indian or Alaska Native / Asian / African American / Native Hawaiian or Other Pacific Islander / White*

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Place of employment: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Place of employment: \_\_\_\_\_

## AFTER SCHOOL INFORMATION

Childcare: M T W TH F Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Bus: M T W TH F Bus #: \_\_\_\_\_

Walks: M T W TH F

Pick up: M T W TH F

In case of emergency school closure my child should: \_\_\_\_\_

\_\_\_\_\_

**Student lives with** (check all that apply): \_\_\_ Mother \_\_\_ Father \_\_\_ Other: \_\_\_\_\_

List names & ages of siblings: \_\_\_\_\_

Are multiple families living at this address? \_\_\_ Yes \_\_\_ No

### Housing

Date this student moved to this address: \_\_\_\_\_ How long do you expect to be at this address? \_\_\_\_\_

Do you own or rent your current home/apartment? YES NO If no, are you seeking permanent housing? YES NO

Number of adults over 21 living in the home and relationship to the student:

\_\_\_\_\_

Number of children under 21 living in this home (including the student)? \_\_\_\_\_

Name of children (under 21) at this address, ages, relationship to student, and schools they attend (please include all children not yet in school):

\_\_\_\_\_

Siblings at other addresses? \_\_\_\_\_  
# of bedrooms in the home? \_\_\_\_\_

Check all that apply:

- Doubled up: living with family or friends due to natural disaster, financial hardship or loss of housing.
- Eviction notice or mortgage foreclosure in the past year.
- Living without adequate heat, electricity, plumbing or water.  
Living in a shelter/transitional housing. Name of agency: \_\_\_\_\_
- Living in hotel/motel due to lack of other suitable housing. Name of hotel/motel: \_\_\_\_\_
- Living on the street, in an abandoned building, in car, campground, or other public place not intended for regular habitation. Please explain: \_\_\_\_\_

In the past three (3) years, has any one in your household had to move to be a paid laborer in any of the following areas: farming, livestock, or processing agricultural products? YES NO

Name of last school attended \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Does this student have a current IEP? **Yes/No**

Has this student had an IEP in the past? **Yes/No**

Does this student have a medical plan? **Yes/No**

**IMPORTANT: List two (2) names of local people we may contact in the event of an emergency involving the student named above. School personnel will attempt to contact the parent/guardian first.**

Emergency Name \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone# \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone# \_\_\_\_\_

List student allergies and/or pertinent medical information

**Please check any of the following that may apply to your child:**

Arthritis

Hearing Aids

Physical Limitation-describe: \_\_\_\_\_

Asthma (Inhaler **YES/NO**)

Hearing Impairment

Bee Sting Allergy (Epi pen **YES/NO**)

Heart

Food Allergy-list: \_\_\_\_\_

Diabetes

Nuts (Epi pen **YES/NO**)

Glasses/Contacts

Seizures

Other: \_\_\_\_\_

Does student take daily medication(s)? Yes \_\_\_ No \_\_\_ If yes, please list medication(s) \_\_\_\_\_

\_\_\_\_\_

Name of Insurance \_\_\_\_\_

**In the event of an emergency involving the above named student, I request that the school contact me first. If I am unavailable, school personnel have my permission to seek emergency medical treatment, deemed necessary by a physician, for my child.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE