

Student ID# _____	Reg Date _____	Records Rqstd _____	BC _____
Class of _____	Enrollmt Date _____	Records Rcvd _____	Imm _____

## Meadows Valley School District Registration

FOR (mark school):

\_\_\_\_\_ MV Jr. Sr. High School    \_\_\_\_\_ MV Elementary

**BASIC STUDENT DEMOGRAPHICS:**

Grade Level: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Preferred Last Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Legal Middle Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Proof of Age Shown: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Unlisted? Yes \_\_\_\_\_ No \_\_\_\_\_

Parents Email Address: \_\_\_\_\_

**Ethnic Code:**

Cell Phone: (\_\_\_\_) \_\_\_\_\_

1. Choose one:     Hispanic/Latino of any race     non-Hispanic/Latino only
2. Choose all that apply:     White     Asian     Native Hawaiian/Other Pacific Islander     American Indian or Alaskan Native
- Black/African American

Physical Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Is your physical address in Rock Flats: YES \_\_\_\_\_ NO \_\_\_\_\_

\* Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Proof of Residency: \_\_\_\_\_

District of Residence: I Meadows Valley: \_\_\_\_\_ McCall \_\_\_\_\_ Riggins: \_\_\_\_\_

**SPECIAL PROGRAMS:** (Check all special programs or services in which the student has participated:)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Special Education/OT/PT/Speech Therapy     | <input type="checkbox"/> 504                 | <input type="checkbox"/> Homeless                  |
| <input type="checkbox"/> Tested by School Counselor or Psychologist | <input type="checkbox"/> Retained            | <input type="checkbox"/> Native American Education |
| <input type="checkbox"/> Title I - Reading or Math Support          | <input type="checkbox"/> ESL/ELL/LEP         | <input type="checkbox"/> Migrant                   |
| <input type="checkbox"/> International Baccalaureate                | <input type="checkbox"/> Gifted and Talented |  |

<p><b>PARENT INFORMATION: (Custody)</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Both Parents</td> <td><input type="checkbox"/> Social Agency</td> </tr> <tr> <td><input type="checkbox"/> Father Only</td> <td><input type="checkbox"/> Joint Custody</td> </tr> <tr> <td><input type="checkbox"/> Mother Only</td> <td><input type="checkbox"/> Legal Guardian</td> </tr> <tr> <td><input type="checkbox"/> Foster Family</td> <td><input type="checkbox"/> Self/Independent Adult</td> </tr> <tr> <td><input type="checkbox"/> Grandparent Only</td> <td></td> </tr> </table>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Social Agency	<input type="checkbox"/> Father Only	<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Family	<input type="checkbox"/> Self/Independent Adult	<input type="checkbox"/> Grandparent Only		<p>Restrictions for Custody (if applicable):</p> <hr/> <hr/> <hr/> <p>Legal Document on File: YES _____ NO _____</p>
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<input type="checkbox"/> Grandparent Only											

<p><b>Student Lives With:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Both Parents</td> <td><input type="checkbox"/> Father/Stepparent</td> <td><input type="checkbox"/> Foster Parent(s)</td> </tr> <tr> <td><input type="checkbox"/> Father</td> <td><input type="checkbox"/> Mother/Stepparent</td> <td><input type="checkbox"/> Self</td> </tr> <tr> <td><input type="checkbox"/> Mother</td> <td><input type="checkbox"/> Stepfather/Stepmother</td> <td><input type="checkbox"/> Agency</td> </tr> <tr> <td><input type="checkbox"/> Guardian</td> <td><input type="checkbox"/> Grandparent(s)</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father/Stepparent	<input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother/Stepparent	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather/Stepmother	<input type="checkbox"/> Agency	<input type="checkbox"/> Guardian	<input type="checkbox"/> Grandparent(s)	<input type="checkbox"/> Other	<p>Describe:</p>
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<input type="checkbox"/> Father	<input type="checkbox"/> Mother/Stepparent	<input type="checkbox"/> Self											
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather/Stepmother	<input type="checkbox"/> Agency											
<input type="checkbox"/> Guardian	<input type="checkbox"/> Grandparent(s)	<input type="checkbox"/> Other											

**RESIDENCY STATUS:** Must check **either** Regular Housing **OR** Other Housing:

Regular Housing (fixed, regular, adequate nighttime residence)

**Other Housing:**

- |  |  |
|--|--|
| <input type="checkbox"/> in a shelter, transitional housing, or awaiting foster care | <input type="checkbox"/> in a hotel or motel   |
| <input type="checkbox"/> in a temporary trailer, campground, car or park             | <input type="checkbox"/> with more than one family in a house or apartment due to loss of housing or economic hardship |

**School Use Only** - Building Administrator's determination of **Residency Status** circumstances:  
McKinney-Vento Act qualified? Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_

**PARENT/GUARDIAN:** (List the parents/guardians the student lives with first.)

**First Parent/Guardian:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Lives with Student: YES \_\_\_\_\_ NO \_\_\_\_\_

Address: if different from Student's \_\_\_\_\_

Speaks English? YES \_\_\_\_\_ NO \_\_\_\_\_ Primary Language: \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Copy of Correspondence? YES \_\_\_\_\_ NO \_\_\_\_\_

**Second Parent/Guardian:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Lives with Student: YES \_\_\_\_\_ NO \_\_\_\_\_

Address: if different from Student's \_\_\_\_\_

Speaks English? YES \_\_\_\_\_ NO \_\_\_\_\_ Primary Language: \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Copy of Correspondence? YES \_\_\_\_\_ NO \_\_\_\_\_

**Third Parent/Guardian:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Lives with Student: YES \_\_\_\_\_ NO \_\_\_\_\_

Address: if different from Student's \_\_\_\_\_

Speaks English? YES \_\_\_\_\_ NO \_\_\_\_\_ Primary Language: \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Copy of Correspondence? YES \_\_\_\_\_ NO \_\_\_\_\_

**Fourth Parent/Guardian:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Lives with Student: YES \_\_\_\_\_ NO \_\_\_\_\_

Address: if different from Student's \_\_\_\_\_

Speaks English? YES \_\_\_\_\_ NO \_\_\_\_\_ Primary Language: \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Copy of Correspondence? YES \_\_\_\_\_ NO \_\_\_\_\_

**Student Directory Information**

Directory information includes student's name, address, telephone number, email address, photograph, date and place of birth, grade level, weight and height of athletic team members, participation in officially recognized activities & sports, dates of attendance, enrollment status, degrees, honors and awards received and most recent school attended.

You have the right to request that your son or daughter not be included in student directory information that is released to the public.

If you DO NOT want your son or daughters student directory information released please contact the school office and complete the Directory Information Parent Opt Out Form.

**SIBLING INFORMATION:**

Name                      Relationship                      Age                      Gender                      School Attending

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION:**

#1 School Name \_\_\_\_\_ District \_\_\_\_\_

City/State \_\_\_\_\_ Grades Attended \_\_\_\_\_

Entry Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

#2 School Name \_\_\_\_\_ District \_\_\_\_\_

City/State \_\_\_\_\_ Grades Attended \_\_\_\_\_

Entry Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

#3 School Name \_\_\_\_\_ District \_\_\_\_\_

City/State \_\_\_\_\_ Grades Attended \_\_\_\_\_

Entry Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

#4 School Name \_\_\_\_\_ District \_\_\_\_\_

City/State \_\_\_\_\_ Grades Attended \_\_\_\_\_

Entry Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Have you ever been suspended or expelled from previous school? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

**FIELD TRIP PERMISSION**

During the school year, your child will have opportunities to visit various places with his/her class on well planned, supervised field trips. We find that these trips compliment classroom activities and provide meaningful learning opportunities for our students.

While a notice of time, place and method of transportation will be sent to you prior to each field trip, it is beneficial for us to have a permission slip on file.

I grant permission for my child, \_\_\_\_\_, to accompany his/her class on field trips sponsored by Meadows Valley School District # 11.

\_\_\_\_\_  
**Parent/Guardian Signature for field trip permission**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian that all information is correct**

\_\_\_\_\_  
**Date**

Legal parents have the right to information unless legal documentation is provided that states otherwise.

