

Today's Date \_\_\_\_\_

**Bonnors Ferry High School  
Student Information**

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M F  
(Last) (First) (Mid.)

Mailing Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Physical Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

- Has your student received Special Education?  yes  no
- Has your student attended school in BCSD #101 in the past?  yes  no If yes, what grade? \_\_\_\_\_
- Does your student speak a language other than English at home?  yes  no
- Does your student reside within Boundary County?  yes  no
- Do you give permission for your student's picture to be on the school website?  yes  no
- Please identify ethnic/racial group for statistical purposes: (Choose all that apply)  Caucasian/ white  
 Pacific Islander  American Indian/Alaskan Native  Asian  Black/African American  Hispanic  
 Multi-Racial

**Student's Household**

Father/Guard. \_\_\_\_\_ Mother/Guard. \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_ City, St., Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_ Employer Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Relationship to child:  Natural/Adoptive Parent      Relationship to child:  Natural/Adoptive Parent  
 Foster Parent  Other \_\_\_\_\_       Foster Parent  Other \_\_\_\_\_

Student resides with this household?  yes  no

Is there an additional household that need student's grades mailed to them?  yes  no If yes, please indicate on the back of this form.

**Emergency Contacts**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

In an emergency, I authorize the School District to release my child to the person(s) above:  yes  no

List acute or chronic health problems (asthma, diabetes, allergies, etc.) \_\_\_\_\_

List medications taken. If your child is required to take medication at school, please make sure the proper paperwork is on file in the office. \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_