

TIMBERLINE HIGH SCHOOL - Student Census Form

First Day of Enrollment: _____ Grade Level: _____

Student's LEGAL Name: _____

 Date of Birth: _____ First / Given Male Female Middle Surname/Family Name Place of Birth: _____

Last School Attended: _____ City _____ State _____

Special Services at Previous School
 504 IEP ELL Other _____ Home Language: _____

Ethnicity (Optional)

- Am Indian/Alaska Native
 Asian
 Black/Alaska Native
 Pacific Islander
 White
 Hispanic
 Other

Has the student ever attended a Boise District school before?

-
- Yes
-
- No

If yes, when and where _____

Student Cell #: _____

Primary Household:

Home Phone: _____

Residence

 Address: _____
Number Street Apt/Lot

City State Zip
Mailing (If different):

Number Street Apt/Lot

City State Zip
Parent/Guardian in Primary Household:

 Name: _____
First / Given Middle Initial Surname/Family Name Relation to Student

Cell Phone: _____ Work Phone: _____

Email Address: _____

 Name: _____
First / Given Middle Initial Surname/Family Name Relation to Student

Cell Phone: _____ Work Phone: _____

Email Address: _____

For Office Use Only

- Certified Birth Certificate
 Immunization Records
 Immunization Exempt Form
 Proof of Residency
 Home Language Survey
 Check-out from previous

school

Generally, a student is eligible for bus transportation if their residence is 1.5 miles or more from their school. If you believe your child is eligible for school bus transportation and you wish to apply, check here

Parent / Guardian Signature _____

Date _____

Secondary Household – If the student lives in both households please check here

Home Phone: _____

Residence

Address: _____

Number

Street

Apt/Lot

City

State

Zip

Mailing (If different): _____

Number

Street

Apt/Lot

City

State

Zip

Parent/Guardian in Secondary Household:

Name: _____

First / Given

Middle Initial

Surname/Family Name

Relation to Student

Cell Phone: _____ Work Phone: _____

 MAILINGS

Email Address: _____

 PORTAL ACCESS

Name: _____

First / Given

Middle Initial

Surname/Family Name

Relation to Student

Cell Phone: _____ Work Phone: _____

 MAILINGS

Email Address: _____

 PORTAL ACCESS**EMERGENCY CONTACTS –** (Please provide a person(s) (other than the parents) who could be contacted in an emergency).

Emergency Contact: _____ Cell Phone: _____

Relation to Student: _____ Work Phone: _____

Doctor: _____ Phone: _____

CUSTODIAL INFORMATION: (If applicable)Custody: Mother Father Joint

ALL CHILDREN LIVING IN THE PRIMARY HOUSEHOLD

Legal Name	Birthdate	Grade	School
Child Attends			

Legal Name	Birthdate	Grade	School
Child Attends			

Legal Name	Birthdate	Grade	School
Child Attends			

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