



NORTH STAR CHARTER SCHOOL

IB World School – International School of Business & Economics Student Enrollment Form

•Grade Level: _____ •School: _____ •Student Number: _____

•Student's **LEGAL** Name: _____
Last First Middle

•Date of Birth: _____ •Place of Birth: _____

• ☐ Male ☐ Female

•If born outside the United States, month/date of U.S. entry: _____

•Student Cell Phone Number: (optional)
()

•Last School Attended: _____
Address: _____

•Do you intend to ride the school bus?
☐ Yes ☐ No Bus # _____

City: _____ State: _____ Zip: _____

Has your child:	Yes	No	Grade
Ever received special services (IEP)?			
Ever been educated in a self-contained program?			
Ever been in a gifted and talented program?			
Ever been on a 504 accommodation plan?			
Ever been suspended or expelled from school?			
Ever been tested by a school psychologist?			
Ever received speech therapy services?			
Do you have concerns about your child's speech and language development?			
Is your child currently on probation?			

For Office Use Only

- | | |
|---|---|
| <input type="checkbox"/> Certified Birth Certificate | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Immunization Exempt Form | <input type="checkbox"/> Health History |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Proof of Residency |
| <input type="checkbox"/> Check-Out from Previous School | |

First Day of Enrollment: _____

•Custodial Information (if applicable): Custody: ☐ Mother ☐ Father ☐ Joint ☐ Guardian ☐ Step-Parent
Is there a No-Contact Order in place? ☐ Yes ☐ No Copy of most recent Custody papers on file: ☐ Yes ☐ No

•Student Residency (Identifying students who may qualify to receive additional services): Where does the student stay at night?
☐ In a home you own or rent ☐ Temporarily with another family in a house, mobile home or apartment
☐ Other (please specify): _____

•Primary Household: Primary Household Phone: () _____

Residence Address: _____
Number Street Apt/Lot

City State Zip

Mailing (if different): _____
Number Street Zip

City State Zip

Complete Other Side

•Parent/Guardian (Living in this Primary Household): ☐ I would like to **opt-out** of receiving district-wide text updates.

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

Employer: _____ Work Phone: ()

Email Address: _____ Cell Phone: ()

•Parent/Guardian (Living in this Primary Household): ☐ I would like to **opt-out** of receiving district-wide text updates.

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

Employer: _____ Work Phone: ()

Email Address: _____ Cell Phone: ()

•**Secondary Household:** If the student lives in both households, please check here ☐ Secondary Household Phone: ()

Residence Address: _____
Number Street Apt/Lot

City State Zip

Mailing (if different): _____
Number Street Zip

City State Zip

•Parent/Guardian (Living in this Primary Household): ☐ I would like to **opt-out** of receiving district-wide text updates.

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

Employer: _____ Work Phone: ()

Email Address: _____ Cell Phone: ()

•Parent/Guardian (Living in this Primary Household): ☐ I would like to **opt-out** of receiving district-wide text updates.

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

Employer: _____ Work Phone: ()

Email Address: _____ Cell Phone: ()

•**Emergency Contacts** (Please provide a person or persons, other than the parents, who could be contacted in an emergency and/or pick up from school.)

Emergency Contact: _____ Cell Phone: ()

Relation to Student: _____ Work Phone: ()

Emergency Contact: _____ Cell Phone: ()

Relation to Student: _____ Work Phone: ()

•**Siblings**

Name: _____
First Surname/Family Name Grade School

Name: _____
First Surname/Family Name Grade School

Name: _____
First Surname/Family Name Grade School

Parent/Guardian Signature _____ Date _____

NORTH STAR CHARTER SCHOOL

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Home Language Survey

Name of Student

Gender: M/F

Date of entry into school

Birthdate

School

Our school needs to know the language spoken and heard at the home of every child. This information is necessary to provide the best instruction for all students in the school. Please answer the following questions and return with your child to his/her teacher. Thank you for your help.

1. What language is spoken in the home?

2. What was the first language learned by the child?

3. What language do you most often use to speak to your child?

4. What language does the child use most often in the home?

5. What language does the child use most often with friends outside the home?

6. What country was your child born?

7. When did your child first enter school in the USA? In what state?

8. Is the student attending the school as a foreign exchange student?

9. Has the student ever been in a bilingual educational or an English as a Second Language program in a school in the U.S.?

10. Did the student exit the program? Exit Date: _____

Parent/Guardian Signature

Date

NORTH STAR CHARTER SCHOOL

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Race/Ethnicity Registration Form

School: _____

Student Name: _____

Student ID: _____

Please answer both Questions 1 and 2 by marking the appropriate boxes.

Question 1: Is the student Hispanic/Latino? (Choose only one)

- ☐ **No, not Hispanic/Latino**
- ☐ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Question 2: What is the student's race? (Choose ALL that apply)

- ☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- ☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, such as Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, and Vietnam.)
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa.)
- ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

- ☐ I choose not to provide this information and understand that the ethnic and racial categories will be selected on my behalf by a designated observer from the district.

Print Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Date: _____

NORTH STAR CHARTER SCHOOL

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STUDENT HEALTH HISTORY

STUDENT'S NAME _____ DATE _____

THIS INFORMATION WILL BECOME PART OF YOUR STUDENT'S EDUCATIONAL RECORD AND MAY BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL FOR EDUCATIONAL OR SAFETY PURPOSES.

PREGNANCY: Were there any problems during pregnancy, birth, or shortly thereafter? Yes ☐ No ☐
If yes, please explain _____

Was this child premature? Yes ☐ No ☐ If yes, how many weeks? _____ Birth weight _____

MILESTONES: At what age did your child begin to: crawl _____ walk _____ talk _____

PLEASE CHECK ANY HEALTH CONCERNS THAT APPLY:

☐ ALLERGIES:

☐ Bee/insect sting: _____ Describe reaction _____
☐ Medication _____ Describe reaction _____
☐ Food _____ Describe reaction _____
☐ Environmental _____ Describe reaction _____

☐ ASTHMA: What starts an attack? ☐ exercise ☐ colds ☐ allergies _____
☐ smoke ☐ other _____
List asthma medications _____

☐ ATTENTION DEFICIT DISORDER (ADD/ADHD): treatment _____

☐ EMOTIONAL/ BEHAVIORAL CONCERNS:
Diagnosis: _____ treatment _____

☐ DIABETES ☐ insulin dependent ☐ non-insulin dependent

☐ EATING/DIGESTION PROBLEMS _____

☐ KIDNEY/BLADDER PROBLEMS _____

☐ HEART PROBLEMS _____

☐ MUSCLE/JOINT/BONE PROBLEMS _____

☐ VISION: ☐ contacts ☐ glasses ☐ vision loss ☐ color blind ☐ other _____

Date of Last Exam _____

☐ HEARING: ☐ hearing loss, describe _____
☐ frequent ear infections ☐ tubes in ears, which ear? _____ age _____
☐ speech therapy ☐ hearing aids _____

☐ HEADACHES/MIGRAINES: frequency _____ treatment _____

☐ HEAD INJURY: date _____ severity _____

☐ SEIZURES: type _____ frequency _____ medication _____

☐ PAST SURGERIES _____

☐ PAST MAJOR ILLNESS/INJURY _____

☐ MEDICATIONS: ☐ taken at home _____
☐ taken at school _____

☐ OTHER MEDICAL CONDITIONS OR LIMITING PHYSICAL DISORDERS _____

SIBLINGS LIVING AT HOME:

Name	Age	Grade	Name	Age	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NORTH STAR CHARTER SCHOOL

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MEDIA/DIRECTORY PERMISSION RELEASE AND USAGE AGREEMENT CONTRACT

Directory: At North Star Charter School we have many learning opportunities and extended school experiences which require your children to have written consent or parental permission prior to participating. This form was created in an attempt to cover all areas needed. Please initial each box, giving your consent for that particular item or activity. Then sign and date the bottom of the form and return it to the school office prior to the first day of school. One form will need to be filled out **per child** and then copies will be made and distributed to each child's individual teachers as needed.

Due to FERPA laws we are unable to share emails or phone numbers with other parents without written permission. Therefore, the staff would like to create class directories of student's emails and phone numbers. If you agree to share your child's information please initial below (see more information on the following page).

Media Access: Throughout the year, our staff, students, and representatives of the media may be in our school or at school-sanctioned events to take pictures and write about the good news happening here for school newsletters and other print and electronic publications, as well as for newspaper, television, and radio coverage. These tend to be "human interest" or "good news" stories.

We also understand that some parents have concerns. If you object to having your student participate in district media coverage, please complete a form at our office. Please note, your permission will be assumed if the school does not have this completed form on file.

Thank you.
North Star Administration

Child's First Name

Last Name

D/O/B

Please initial each box giving your consent:

☐

Use of the Internet (I have read Computer/Internet/Personal Device usage and agree to follow)

☐

Check out Library Books (I have read Library usage and agree to follow)

Parent's Printed Name

Signature

Date

NORTH STAR CHARTER SCHOOL

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NORTH STAR CHARTER SCHOOL Home and School Contract

Administration: To support and encourage student/parent/teacher partnerships, I will:

- Provide an environment that permits positive communication between the student, parent and teacher (s).
- Encourage teachers and parents to provide regular opportunities for practicing academics at school and at home.
- Provide equal and fair opportunities to access staff and the opportunity for parents to volunteer time to NSCS.

Teachers: We understand the importance of the school experience to every student and our position as a teacher and a role model. We agree to:

- Be aware of your child's needs.
- Frequently, communicate with parents about their child's progress.
- Teach basic concepts and skills to your child to meet academic core standards.
- Motivate and encourage your child to practice academics at home.
- Annually hold parent/teacher conferences.
- Deliver high quality curriculum and instruction.
- Provide resources and/or materials for home to enhance literacy and other academic subjects.

Student: It is important that I do my best. I know my parents and teachers want to help me, but I am the one who has to do the work. So, I will:

- Continue to believe that I can and will learn.
- Be responsible for my behavior.
- Give work and school papers to my parent/caregiver.
- Follow appropriate conduct throughout school including the use of technology.
- Pay attention and ask for help when needed.
- Complete class work on time and to the best of my ability.

Parent/Caregiver: I want my child to succeed. I will encourage him/her to:

- Maintain a positive attitude about school. then
- Support the school discipline policy and school policies.
- Attend school regularly.
- Get enough sleep and to eat nutritious meals.
- Establish a place and time to study along with daily reading time



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RECEIPT OF STUDENT-PARENT HANDBOOK:

I received the Student-Parent Handbook and accept the responsibility to review it, discuss it with my child and help ensure that my student abides by it.

PARENT NAME

PARENT SIGNATURE

DATE

STUDENT NAME

STUDENT SIGNATURE

GRADE



Parents of Children In or Entering Preschool & Grades K-12

Why Your Child Needs Shots

Children must be in compliance with Idaho Immunization Laws in order to attend school. To be compliant, children must be up-to-date on immunizations (shots) or have a valid exemption form on file. Whenever children are brought into group settings, there is a potential for the spread of infectious diseases. Diseases like chickenpox, measles, and whooping cough spread quickly, so children need to be protected before they enter preschool and grades K-12.

What You Need At Registration

You will need to present your child's immunization record or a valid exemption form to the school at the time of registration to enroll your child. The immunization record must show the date (month, day, and year) your child was given each shot. If you do not have an immunization record or your child has not received all required shots, call your doctor or local health department for an appointment.

Required Shots for School

MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY (Preschool & K-12)

Immunization Requirement by Age	Doses of Vaccines Required
Children born on or before September 1, 1999 must have a minimum of:	(4) Diphtheria, Tetanus, Pertussis (DTaP) (1) Measles, Mumps, and Rubella (MMR) (3) Polio (3) Hepatitis B
Children born after September 1, 1999 through September 1, 2005 must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (3) Polio (3) Hepatitis B
Children born after September 1, 2005¹ must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (4) Polio ³ (3) Hepatitis B (2) Varicella (Chickenpox) ⁴ (2) Hepatitis A

7th GRADE IMMUNIZATION REQUIREMENTS

Immunization Requirement by Grade ⁵	Doses of Vaccines Required
Children admitted to 7th grade must meet the following minimum immunization requirements in addition to school entry requirements:	(1) Tetanus, Diphtheria, Pertussis (Tdap) (1) Meningococcal

1. Preschool children need only be age-appropriately immunized with the required vaccines.
2. DTaP: The 5th dose is not necessary if the 4th dose was administered at age 4 years or older.
3. Polio: The 4th dose is not necessary if the 3rd dose was administered at age 4 years or older and at least 6 months after previous dose.
4. Varicella: History of chickenpox disease documented by a physician or licensed health care professional meets the requirement.
5. 7th Grade Requirement: This requirement will be extended to: 7th-8th grade students in 2012, 7th-9th grade students in 2013, 7th-10th grade students in 2014, 7th-11th grade students in 2015, and 7th-12th grade students in 2016.

If your child's record is missing one or more doses, please contact your doctor to obtain the full immunization record or any doses needed. If your child recently received immunizations and needs an immunization later in the year, he/she can be allowed to attend school, provided you complete the Conditional Admission form and get the remaining doses when they become due. If your child is not fully immunized due to medical, religious, or philosophical reasons, the school can provide you with a state exemption form to complete.

Reference

Idaho Code 39-4801 and IDAPA 16.02.15 "Immunization Requirements for Idaho School Children"