



SUGAR-SALEM JOINT SCHOOL DISTRICT #322

105 WEST CENTER • P. O. Box 150 • SUGAR CITY, ID 83448 • PHONE (208) 356-8802 • FAX (208) 356-7237

General Enrollment Form

Student Specific Demographics *Fill out for each individual student*

Enrollment Date: _____

Student's Last Name:	Formal First Name:	Middle Name:	School: <input type="checkbox"/> Shumway Academy
Date of Birth (mm/dd/yr)	Gender (as listed on the birth certificate): <input type="checkbox"/> Male <input type="checkbox"/> Female	Name Child goes by:	Grade in School:
Student above lives with: <input type="checkbox"/> mother and father <input type="checkbox"/> mother or father <input type="checkbox"/> parent/step-parent <input type="checkbox"/> grandparent <input type="checkbox"/> family friend <input type="checkbox"/> other:		Concerns/needs: <u>Intervention:</u> Did this student get any type of intervention help at the previous school? YES NO For what area(s)? _____ Does this student have an IEP or 504 Intervention Plan? <input type="checkbox"/> None <input type="checkbox"/> IEP <input type="checkbox"/> Section 504_	
Ethnicity: Is this student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> NO		<u>Legal:</u> Any custody issues we should be aware of? YES NO Is this student in Foster Care? YES NO Case Manager name: _____ Contact Number: _____ Does this student have a probation officer? YES NO	
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White If you marked more than 1 above, you can be considered "more than 1".		<u>Medical:</u> Does your child have any allergies we need to be concerned about while your child is at school? YES NO Does this student have any medical concerns we should know about? <input type="checkbox"/> NO <input type="checkbox"/> Yes---explain below:	
Language Information: What was the first language learned by your child? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____ What language does your child use most often in the home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____ What language does your child use most often with friends outside the home? <input type="checkbox"/> Eng. <input type="checkbox"/> Span. <input type="checkbox"/> _____ What language(s) is/are spoken in the home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____ What language do you most often use to speak to your child? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____ What language does your student use to speak with you at home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____		Last School Attended (if you are new to the district): Name of School: _____ Address: _____ City/State/Zip: _____ Phone Number: _____ Fax Number: _____	

What is the language preference for school communication? English Spanish _____



Office use: birth certificate proved Immunization records or immunization exemption form provided




SUGAR-SALEM JOINT SCHOOL DISTRICT #322

105 WEST CENTER • P. O. BOX 150 • SUGAR CITY, ID 83448 • PHONE (208) 356-8802 • FAX (208) 356-7237

Sugar-Salem Online Shumway Academy New Student Enrollment Packet 2024-2025

Steps to Enroll:

- 1. Complete out-of-district enrollment application: 
 <https://powerschool.sugarsalem.org/public/formbuilder/form.html?formid=122508>
- 2. Complete the “Family Demographics” information sheet and add each student(s) name to the sheet
- 3. Complete the “Student Specific Demographics” information sheet for each individual student you tend to enroll
- 4. Attach a copy of the student(s) birth certificate and immunization records.

-Please turn in the above information back to Shumway Academy -



Please contact Sugar-Salem Online's Office if you have any questions:

(208)359-5927

Melanie Gordon mgordon@sugarsalem.com

Ashlyn Miller alarsen@sugarsalem.com



SUGAR-SALEM JOINT SCHOOL DISTRICT #322

105 WEST CENTER • P. O. Box 150 • SUGAR CITY, ID 83448 • PHONE (208) 356-8802 • FAX (208) 356-7237

General Enrollment Form Family Demographics

--

Student(s) General Information: **Enrollment Date:**

Student's Last Name:	First Name:	Middle Name:
Date of Birth:	School: <input type="checkbox"/> Shumway Academy	Grade In School:

Student's Last Name:	First Name:	Middle Name:
Date of Birth:	School: <input type="checkbox"/> Shumway Academy	Grade In School:

Student's Last Name:	First Name:	Middle Name:
Date of Birth:	School: <input type="checkbox"/> Shumway Academy	Grade In School:

Student's Last Name:	First Name:	Middle Name:
Date of Birth:	School: <input type="checkbox"/> Shumway Academy	Grade In School:

Parent/Guardian Information:

Dad's Info (or guardian 1):	Mom's Info (or guardian 2):
Name:	Name:
Work #:	Work #:
Cell #:	Cell #:
Home #	Home #
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
County of Residence: [] Madison [] Fremont [] _____	County of Residence: [] Madison [] Fremont [] _____
Street Address (home):	Street Address (home):
City, State, Zip:	City, State, Zip:
Email address:	Email address:

Emergency Contact Info:

Name:	Phone #:	Relationship:

--	--	--

HOUSING BACKGROUND:

- When did you move into the address on this form? _____
- How long do you plan on living at this address? _____
- Is this address an apartment or house that you are renting/buying/purchased? **YES NO**
 - IF NO, please explain: _____
 - If NO, Are you seeking "permanent" housing such as an apartment or house to own or rent? **YES NO**
- Are the students listed on the front page all living with at least one of their parents/guardians? **YES NO**
 - If any student is not living with at least one of their parents/guardians, who is that student(s)?

--	--

- Number of adults over 21 living in the home and relationship to the students: _____
- Number of children, include children listed on front page, under 21 living in the home: _____
 - Children not listed on the front page under 21, what are their names and relationship to students listed:
 - _____
- Number of siblings at other addresses: _____
- Number of bedrooms in the home/address provided: _____
- Are any non-traditional rooms (i.e. living room, family room, dining room) being used as bedrooms? **YES NO**

Check all that apply:

- Double up: living with family or friends due to natural disaster, financial hardship or loss of housing; not due to personal choice; seeing to "save money".
- 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 a hotel/motel due to lack of 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: _____

TRANSPORTATION (mark all that apply):

_____ My child(ren) lives in an area of the district that transportation by the district is an option. They will be riding the _____ bus to/from school unless I notify the school in writing of that change at least 1 hour before the final school bell rings.

_____ My child(ren) will be walking/riding a bike to/from school.

_____ My child(ren) will be in a carpool group.

_____ My high school child will be driving a family/personal vehicle to school. We recognize that no ammunition or weapons/guns are to be in the vehicle and on school property.











NON-AUTHORIZED PEOPLE WHO CAN PICK-UP MY CHILD:

_____ My child(ren) should never be picked up by the following (if there are legal documents about certain family members, then a copy of those documents need to be in file with that child's school).

Name	Relationship	Supporting Documents on file:

PARENT EMPLOYMENT:

1. In the past three years, has your family lived in another school district? This includes other school districts in Idaho, or another state or country.
 Yes _____ (continue to #2) No _____ (stop here)
2. In the past three years, has anyone in your household had a job working with any of these products (not including on your own property) on a farm, in a field, in a greenhouse, in a nursery or in a factory? Please check any that apply.

 <p><input type="checkbox"/> Livestock (cattle, pigs, sheep, dairy, etc.)</p>	 <p><input type="checkbox"/> Hops</p>	 <p><input type="checkbox"/> Crops (corn, potatoes, beans, wheat, sugar beets, etc.)</p>	 <p><input type="checkbox"/> Sorting or packing (onions, potatoes, etc.)</p>	 <p><input type="checkbox"/> Processing (meat, fruit, trees, etc.)</p>
 <p><input type="checkbox"/> Trees & timber</p>	 <p><input type="checkbox"/> Fruits</p>	 <p><input type="checkbox"/> Alfalfa</p>	 <p><input type="checkbox"/> Nursery, sod, greenhouse</p>	 <p><input type="checkbox"/> Field preparation</p>

If you checked one or more, continue to #3.

If none of these _____ (stop here)

3. Please list all other children in the household between 0 and 22 years of age not attending school or listed previously on this form:

Name	Birthdate	Grade (if applicable)	Age

Parent/guardian signature: _____ Date: _____