



Shoshone-Bannock Jr./Sr. High School

School office (208) 238-4200

PO Box 790

Fax (208) 238-2628

Fort Hall, ID 83203

This form for RETURNING students ONLY.

STUDENT Re-Registration FORM School Year 2018-2019

Student Legal Name: _____
Last First Middle

Mailing address, City, State, Zip: _____

Physical Directions to home: _____

Has this student **EVER** attended any other B. I. A. School? Y N If yes which one? _____

FH Reservation District/Area, where you live: _____

BUS TRANSPORTATION NEEDED? Y N Will this student be driving to school? Y N

Home Phone No.: _____ Cell No.: _____ Msg: _____ Who: _____

HOUSEHOLD INFORMATION:

Mother/Legal Guardian Information (If guardian, please provide documentation):

Last Name First name Middle Initial Relationship to student

Place of Employment: _____ Phone No.: _____

EMAIL ADDRESS: _____

Father/Legal Guardian information (if guardian, please provide documentation):

Last Name First Name Middle Initial Relationship to student

Place of Employment: _____ Phone No.: _____

EMAIL ADDRESS: _____

Who does this student live with? Mother Father Other: _____

Who is legally responsible for this student? _____

Does this student have any changes in Health condition? Yes No If yes, we will contact you

Is this student interested in Football, Volleyball, Cross Country, Basketball, Track or Cheerleading? (circle all of interest)

OTHER authorized person(s) to sign this student out, if the above are not able to do so: **(PERSON MUST BE 19 YEARS OLD OR OLDER and may need to show a picture I.D.):**

Name: _____ Gender: _____ Relationship to student: _____

Name: _____ Gender: _____ Relationship to student: _____

Name: _____ Gender: _____ Relationship to student: _____

PERSON TO CONTACT IN CASE OF EMERGENCY, if the Parent or Guardian is unreachable.

Name: _____ Home Phone No.: _____ Mess. No.: _____

Place of employment/city: _____ Phone No.: _____

CONSENT FOR STUDENT TO ATTEND SCHOOL

By signing below, I authorize my student to attend Shoshone-Bannock Jr./Sr. High School for the 2018-19 SY and the above information is true and accurate.

Parent/Legal Guardian Signature: _____ Date: _____

STU NO: _____ Grade: _____

