



# Wood River Middle School

900 2<sup>nd</sup> Ave N.  
Hailey, ID 83333

(208) 578-5030  
Fax (208) 578-5130

Donna Pierson, Principal

Chris Koch, Assistant Principal

## Dual Enrollment Form

Current School: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Check on: ( ) Natural or Adoptive Parent ( ) Legal Guardian

Additional Parent Address/Phone

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does your child have any special learning needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

Does your child have any special health needs that school officials should know about?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain \_\_\_\_\_

Students are required to have a state-certified birth certificate and a certificate of immunity to certain childhood diseases signed by a physician to be enrolled in the Blaine County Schools (an exception to certificate of immunity may be made to this requirement only as outlined in Idaho Code Section 39-4802).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_