



# Wood River School

900 2nd Ave North  
Hailey, ID 83333

(208)578-5030  
(208)578-5130 fax

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Rob Ditch, Principal • McKenna Murphy, Secretary

## Dual Enrollment Form

Last Name: \_\_\_\_\_ Sex: M\_\_F\_\_ Grade: \_\_\_\_\_

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

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: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

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 (exception to certificate of immunity may be made to this requirement only as outlined in Idaho Code Section 39-4802).

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