



Dear Parents,

Attached you will find registration materials to help us prepare to enroll your child. To streamline the school registration process, we have attempted to consolidate forms requiring a parent signature. Please keep this sheet for your information. Additional pages requiring your signature should be promptly completed, signed and returned to your child's school. **Please be sure to include your child's name on all signature pages.** Please be aware that these sheets need to be signed only once while your child attends Kindergarten through sixth grade or seventh through twelfth grade in District 91. Thank you for your assistance, and we welcome your call should any questions arise as you complete the registration process.

Note: References are made to the District 91 School Board Policy Manual (BPM) for more information, as needed. The Board Policy Manual is accessible through **District 91's website:** www.d91.k12.id.us.

PROOF OF BIRTH DATE

The services of District 91 are extended to any resident between the ages of 5 and 21. Idaho law requires that parents and/or legal guardians provide proof, usually in the form of an official birth certificate, establishing their child's birth date upon initially enrolling the child in District 91 (BPM 1003.1-15). Idaho Code 18-4511 describes the requirement as follows:

Upon enrollment of a student for the first time in a public or private elementary or secondary school, the school shall notify in writing the person enrolling the student that within thirty (30) days he must provide either a certified copy of the student's birth certificate or other reliable proof of the student's identity and birth date, which proof shall be accompanied by an affidavit explaining the inability to produce a copy of the birth certificate. Other reliable proof of the student's identity and birth date may include a passport, visa or other governmental documentation of the child's identity.

IMMUNIZATION RECORDS

The Idaho School Immunization Law (Idaho Code Section 39-4801) requires that children be up-to-date on their immunizations to attend school. Diseases like measles and whooping cough spread quickly, so children need to be protected before they enter school. Parents must present their child's Immunization Record **prior** to attendance at public, private or parochial schools in Idaho. A guide to the requirements of the Idaho School Immunization Law can be accessed at <http://healthandwelfare.idaho.gov/Health/Immunizations/tabid/98/Default.aspx> or by contacting the Idaho Department of Health and Welfare, Idaho Immunization Program at (208) 334-5931.

ATTENDANCE

Idaho law requires that every child 7 to 16 years of age attend school unless otherwise exempted by law. Regular attendance is positively related to student achievement. Everyone shares in the responsibility for making school attendance a priority.

Graduates of District 91 schools must accumulate a specified number of credit hours and take courses designated as core curriculum to graduate (BPM 603.1). Students may lose credit for any class in which they exceed five (5) total absences in a trimester class or eight (8) in a semester class not counting exempt excused absences which are the result of death in the family, school approved activities and acute, major or chronic medical conditions. Non-exempt excused absences count against the total allowed percentage but permit make-up opportunities to complete class work (BPM 1002.1-5).

DUAL ENROLLMENT OPPORTUNITIES

Idaho Code offers students an opportunity to enroll in Idaho public post-secondary institutions and receive high school and college credits (dual enrollment). Specifically, the code states that, "By March 1 of each year, a school district shall provide general information about the program to all pupils in grades ten (10) and eleven (11). To assist the district in planning, a pupil shall inform the district by March 30 of each year of the pupil's intent to enroll in post-secondary courses during the following school year. A pupil is not bound by notifying or not notifying the district by March 30."

FIELD TRIPS

By signing your name on the attached page, you grant permission for your child to take all field trips related to the school curriculum and agree to assume responsibility for instructing your child to follow the directions and instructions of the school official in charge. Careful planning goes into each field trip and reasonable safety precautions are taken. The school will inform you of field trips before they take place. If you do not want your student to attend a specific field trip experience, please notify the school in writing to request that your child be excused from participating. In the case of out-of-town trips, a medical release form may be sent home for parent signature before the trip.

STUDENT INJURIES and INSURANCE NOTICE

Even with careful precautions and close supervision, accidents can and do occur at school. Parents should be aware of this and be prepared for possible medical expenses that may arise should their child be injured at school. District 91 does not provide medical insurance to automatically pay for medical expenses when students are injured at school. Medical expenses for injuries at school are the responsibility of parents and/or legal guardians. The district carries only legal liability insurance.

ZERO TOLERANCE FOR WEAPONS

Idaho Code (Section 18-3302D) makes it unlawful for students to carry knives, guns or any other deadly or dangerous weapon while at school, on the bus or at a school approved activity. The law states that a violator may be sentenced to a jail term, or fined, or both and shall be expelled from school for the violation. The law also gives employees of the district the right to search students, their belongings and lockers in cases of suspicion of violation of this law. District 91 has a Zero Tolerance Policy for weapons which provides for expulsion of students who are in possession of knives, guns or other items which threaten or pose a risk to other students. Parents should discuss this policy with their children so all parties are aware of the severe consequences of carrying a knife or other weapon to school (BPM 1006.1-4).

DRUG FREE SCHOOL POLICY

District 91 is committed to having drug free campuses. When there is reasonable cause to believe a student illegally uses, sells, distributes or possesses drug paraphernalia, drugs, prescription drugs, alcohol or other mood-altering substances in school, on or adjacent to school property or at school functions, the student will be subject to disciplinary procedures, including expulsion from school.

PHOTO AND FILMING RELEASE

On occasion, members of the media and/or District 91 employees seek permission to photograph or film students in class or engaged in school activities. If you would prefer not to have your child photographed or filmed, please so indicate on the signature form.

COMPUTER/NETWORK ACCEPTABLE USE POLICY

Parents of students with accounts on the district's computer/network service are required to read and sign the Computer/Network Acceptable Use Policy.

INFORMATION RELEASE FOR THE INTERNET

At times, class projects and photos of students or classes are put on the Internet. Students also publish some papers and projects on the network. No personal information such as addresses, phone numbers, etc. will be published. If you do not want your child's name, picture or school work published on the Internet, please so indicate on the signature form.

NETWORK WEB PAGE APPROVAL FORM

Students who publish data on the Internet through the school district are required to obtain prior approval from the school's administrator. This is a separate form not included here.

SEXUAL HARASSMENT

Sexual harassment of any employee or student is absolutely and strictly forbidden by School Board Policy. According to the Equal Employment Opportunity Commission, sexual harassment is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature. The District 91 policy further defines sexual harassment and lists grievance and investigative procedures. If the investigative report shows that a violation of the policy occurred, school officials will take immediate and appropriate disciplinary action commensurate with the scope and severity of the offense. The disciplinary action may include transfer, suspension or expulsion (BPM 1005.17).



IDAHO FALLS SCHOOL DISTRICT #91 TECHNOLOGY USE NOTIFICATION

The purpose of this Technology Use Notification is to describe the responsibilities and privileges of users of Idaho Falls School District 91's technology resources, referred to here as "D91Net." Idaho Falls School District 91 (D91) provides technology resources for the educational and professional benefit of its students and staff. Commercial use, such as promoting or advertising any business, is strictly prohibited. D91Net may not be used to promote or solicit for any political or charitable cause or organization unless it is a District 91 or school-approved cause.

The District's Board Policies on Technology govern the acceptable use of technology, regardless of whether those policies are explicitly spelled out in this document. District policies can be viewed on the District web site at <http://www.d91.k12.id.us>

Students and staff are required to comply with D91 technology policies in order to use the District's technology resources. D91 administration, faculty, and/or staff reserve the right to deny or suspend User access if User breaks the terms of technology policies. Severe infractions may result in termination of employment or school expulsion. User will be informed of the suspected violation and given an opportunity to present an explanation. User may request a review hearing of a building administrator within seven (7) days of such suspension or termination.

INTERNET SAFETY: To promote the safety and security of users of D91Net, and to ensure compliance with the Children's Internet Protection Act (CIPA), blocking and filtering protection measures and security controls are used to the extent practical. Educators may request approval for Technology Services staff to unblock access to sites containing material which is appropriate for valid educational purposes. ***Parents/guardians may sign a form which requests that the student not participate in the use of the Internet.*** The form "Student Internet Access Restriction Form" is available on the District web site.

D91 does not condone or permit the use of materials which are defamatory, abusive, obscene, profane, sexually-oriented, threatening, racially offensive or illegal, and User may not knowingly bring such materials into the school environment. System administrators and Idaho Falls School District 91 do not have control of information residing on other systems.

Students' and employees' home and personal Internet use can have an impact on the school and on other students and employees. If personal Internet expression – such as a threatening message to another person, or a violent web site – creates a likelihood of material disruption to the school's or District's operations, the User may face disciplinary action and criminal penalties.

PRIVACY: Personal information about any student or staff member should be assumed to be confidential, and User should never disclose or transmit such information via D91Net except in strict compliance with the law and District policy. However, User should not expect that files and information will always be private. System operators have access to stored data including e-mail, and sophisticated or privileged users on the network may gain access to such data. System administrators will not intentionally inspect the contents of personal files or e-mail, or disclose such contents to other than the author or an intended recipient, without the consent of the author or intended recipient, unless required to do so by law or policies of D91, or to investigate complaints regarding data which is alleged to contain impermissible material. System administrators reserve the right to monitor all activity on D91Net and to cooperate fully with Idaho Falls School District 91, local, state, or federal officials in investigations concerning any data stored on or transmitted via D91Net.

INFORMATION CONTENT & USES OF D91NET: Opinions, advice, services and all other information expressed by users, information providers, service providers, or other third-party personnel on D91Net are those of the user or provider and not necessarily of District 91. System administrators or their designees reserve the right to refuse storage or posting of files or information and to remove files or information in order to comply with District guidelines and policies and to maintain the integrity and availability of D91Net. System administrators reserve the right to set quotas for storage on D91Net. User may be required to use removable media for storage of data rather than network resources.

IDAHO FALLS SCHOOL DISTRICT 91
TECHNOLOGY USE NOTIFICATION

District policies are on the District web site <http://www.d91.k12.id.us>

Path: About Us → Board of Trustees → Policy Manual → Section 406

Users of D91 Technology shall:

- Use the technology equipment for educational purposes, not for personal or commercial business on district time, nor for any illegal purpose, nor for any other activity prohibited by District policies or guidelines.
- No student use of D91Net unless under instructor supervision and with permission of school personnel, for educator-approved purposes; no use for recreation and entertainment.
- No student use of direct communications such as instant messaging or online chat during class time or on D91Net except under the direct supervision of teaching or administrative staff for educational purposes.
- Be responsible at all times for proper use of accounts:
 - Use only assigned accounts and keep passwords confidential; NO STUDENT USE OF STAFF ACCOUNTS.
 - Not permit others to use accounts for which I am responsible.
 - Prevent unauthorized use by logging off of or locking any computer that I am not directly monitoring.
- Protect the privacy of others and myself:
 - Not view, use, transmit or copy information or files for which I am not authorized.
 - Not disclose personal or private information about others or myself.
- Respect and protect the intellectual property of others:
 - Be responsible for determining whether or not any material, including software, texts, music files, movies etc., is in the public domain before using, copying, distributing or installing it.
 - Not use D91Net for copyrighted or licensed material without permission, recognizing that it is illegal.
 - Not plagiarize (use another person's work without permission and attribution).
- Treat D91Net with respect, to protect its security, integrity and availability:
 - Not disable or interfere with any antivirus or anti-malware protection on D91Net, and to immediately notify school personnel if a virus or malicious software is found.
 - Report any security risks or violations to a teacher or system administrator.
 - Not destroy, damage or alter equipment, information or resources that do not belong to me.
 - Use only approved technology equipment and software within the District, following D91 policies and guidelines for where and how they are to be used.
 - Not use personally owned technology unless inspected and approved according to D91 policies.
 - Not permit others (such as family or friends) to use technology assigned by D91 for my use.
 - Not send spam, chain letters or other mass unsolicited mailings.
- Respect and practice community principles and ethics:
 - Use polite communication; no harassment or bullying, or abusive, vulgar or inappropriate language.
 - Not intentionally access, transmit, copy or create any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive or illegal material; and to immediately report accidental access to a teacher or administrator.
 - Avoid material on the Internet that does not relate to educational pursuits.
 - Not transmit materials, information or software in violation of any local, state or federal law.
- Conform to all D91 Board policies regarding technology use while using D91 technology resources.



NOTIFICATION OF RIGHTS UNDER FERPA

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age (“eligible students”) certain rights with respect to the student’s education records. These rights are:

1. The right to inspect and review the student’s education records within 45 days of the day the school receives a request for access.

Parents or eligible students should submit to the school principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student’s education records that the parent or eligible student believes is inaccurate, misleading, or otherwise in violation of the student’s privacy rights under FERPA.

Parents or eligible students who wish to ask the school to amend a record should write the school principal (or appropriate school official), clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student’s education records, including academic and disciplinary records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with whom the school has contracted as its agent to provide a service instead of using its own employees or officials (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee (such as a disciplinary or grievance committee) or assisting another school official in performing his or her tasks). Education records will be disclosed upon request of officials of another school or district in which a student seeks or intends to enroll or is already enrolled, without parent or eligible student consent or notification, if the disclosure is for purposes of the student’s enrollment or transfer.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

4. The right to opt out of disclosure of directory information.

Directory information can be made public under FERPA without specific consent, and includes but is not limited to the student’s name, physical address and telephone listing. Parents or eligible students may request in writing upon registering for school that directory information not be released to third parties such as newspapers, to institutions of higher education or to military recruiters.

5. The right to file a complaint with U. S. Department of Education concerning alleged failures by the school district to comply with the requirements of FERPA. The address of the office that administers FERPA is:

Family Policy Compliance Office
U. S. Department of Education
400 Maryland Avenue SW
Washington DC 20202-5920

This page intentionally left blank



Office Use Only Student Number: _____
 Birth Record Homeroom: _____
 Immunization Record K Session: AM PM
 Proof of Residence Records Requested: _____
Records Received: _____

STUDENT INFORMATION

Student's **Legal Name** (as shown on birth certificate): _____ Date: _____

Last *First* *Middle*

Also Known As *Previous Legal Name (Last, First Middle)*

Gender (circle): M F Date of Birth: _____ Grade: _____

Home Phone: _____ Student Cell Phone: _____

Student Home (Residence) Address: _____ Student Mailing Address (if different from home): _____

Street *Street*

Address Line 2 *Address Line 2*

City *State* *Zip* *City* *State* *Zip*

PARENT / GUARDIAN INFORMATION

Who is the student's primary legal guardian?

Name (Last, First) *Relationship to Student*

In whose name(s) should mail be sent? Address to: _____

Phone number to receive messages about student absences & school events: _____

Primary email for district communications: _____

Mother or Legal Female Guardian: This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Name (Last, First) *Relationship to Student*

Mailing Address: **Same as Student** Home Phone: _____

Street Cell Phone: _____

Address Line 2 Work Phone: _____

City *State* *Zip* Email: _____

Send mail to this address *in addition* to the student address. Employer: _____

Student Name: _____

Father or Legal Male Guardian: This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Name (Last, First)

Relationship to Student

Mailing Address: **Same as Student**

Home Phone: _____

Street

Cell Phone: _____

Address Line 2

Work Phone : _____

City State Zip

Email: _____

Send mail to this address *in addition* to the student address. Employer: _____

Other Legal Guardian: This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Name (Last, First)

Relationship to Student

Mailing Address: **Same as Student**

Home Phone: _____

Street

Cell Phone: _____

Address Line 2

Work Phone: _____

City State Zip

Email: _____

Send mail to this address *in addition* to the student address. Employer: _____

ADDITIONAL EMERGENCY CONTACTS

Contact 1 Name

Relationship to Student

Daytime Phone: _____ Alternate Phone: _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Contact 2 Name

Relationship to Student

Daytime Phone: _____ Alternate Phone: _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Contact 3 Name

Relationship to Student

Daytime Phone: _____ Alternate Phone: _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

MILITARY CONNECTED STUDENT

N-Not Military Connected A-Active Duty R-National Guard or Reserve X-Unable to provide

Revised: 1/2017



ADDITIONAL ELEMENTARY STUDENT INFORMATION

SIBLING INFORMATION

Please list any siblings of this student who are also attending school in District #91:

_____	_____	_____
<i>Name (Last, First, Middle)</i>	<i>Grade</i>	<i>School</i>
_____	_____	_____
<i>Name (Last, First, Middle)</i>	<i>Grade</i>	<i>School</i>
_____	_____	_____
<i>Name (Last, First, Middle)</i>	<i>Grade</i>	<i>School</i>
_____	_____	_____
<i>Name (Last, First, Middle)</i>	<i>Grade</i>	<i>School</i>
_____	_____	_____
<i>Name (Last, First, Middle)</i>	<i>Grade</i>	<i>School</i>

TRANSPORTATION INFORMATION

Please indicate the type of transportation your child will use to and from school:

<input type="checkbox"/> Bus - District Transportation	<input type="checkbox"/> Transport Co.	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F					
<input type="checkbox"/> Daycare	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Walking	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
<input type="checkbox"/> Private (Parent/Other)	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F						

_____	_____
<i>Contact Name</i>	<i>Name of Daycare</i>
_____	_____
<i>Contact Phone</i>	<i>Daycare Phone</i>

KINDERGARTEN PREFERENCE

Please indicate which Kindergarten session you would prefer your child to attend *if* class size allows:

<input type="checkbox"/> Morning session	<input type="checkbox"/> Afternoon session
--	--

This page intentionally left blank.



STUDENT RACE AND ETHNICITY FORM

Student Name (please print): _____ **Grade** _____

Each year, school districts in Idaho are required to report student race and ethnicity data to the Idaho State Department of Education by categories that are set by the Federal government. This data is used to ensure all students receive the educational programs and services to which they are entitled. This information will *not* be reported to any federal agency in a way that identifies the student. No one will check for immigration status from the information given here.

PLEASE ANSWER BOTH PART A AND PART B

Please note – if you choose not to provide this information, a designated school staff person(s) will observe and select racial and ethnic categories on the student’s behalf as required by the Federal government for reporting.

IS THE STUDENT HISPANIC/LATINO? (choose only one)	
Part A	<input type="checkbox"/> NO, not Hispanic/Latino
	<input type="checkbox"/> YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, <i>regardless of race.</i>)
<i>Part A above is a question about cultural or ethnic identity, not race. No matter what was selected above, please continue to answer the following by marking one or more boxes to indicate what you consider the student’s race to be.</i>	
WHAT IS THE STUDENT’S RACE? (choose ANY that applies)	
Part B	<input type="checkbox"/> North American Indian or Alaskan Native (A person having origins in any of the original peoples of North America and who maintains tribal affiliation or community attachment.)
	<input type="checkbox"/> South or Central American Native (A person having origins in any of the original peoples of South or Central America.)
	<input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
	<input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.)
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
	<input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Completed by (please check one): Parent Student (self) School official

Date: _____

This page intentionally left blank.



STUDENT SERVICES INFORMATION

Student Name: _____ Date of Birth: _____
Last, First, Middle

1. Has your child ever received special education services? Yes No

When? _____

Where? _____

2. Was your child receiving Special Education services at their last school at the time of withdrawal? Yes No

3. Does your child have a 504 Plan? Yes No

If you answered "yes" to any of the above questions, please check all services that your child has received:

Special Education/Resource Room Services

Speech/Articulation Therapy

Language Therapy

Occupational Therapy

Physical Therapy

Education of the Hearing Impaired

Counseling Services

Other: _____

4. Was your child receiving Gifted/Talented services at their last school at the time of withdrawal? Yes No

5. Was your child receiving ELL (English Language Learner)/ESL (English as a Second Language) services at their last school at the time of withdrawal? Yes No

6. Has your child (grades 7-12 only) been expelled from a public or private school? Yes No
If yes, please explain:

Parent/Guardian Signature

Date

This page intentionally left blank.



POLICY & PERMISSION FORM FOR ELEMENTARY STUDENTS

Student Name (please print):

Grade _____

Last Name,

First Name,

Middle Name

This form will be signed only once and will remain in effect as long as your child attends an elementary school in District 91. If you would like to make any changes, please contact your child's school.

PARENTS: Please check the box to indicate that you have been informed of the following:

- I have been informed of the District 91 *Student Injuries and Insurance* notice.
- I have been informed of the District 91 *Zero Tolerance Policy for Weapons*.
- I have been informed of the District 91 *Drug Free School Policy*.
- I have been informed of the District *Technology Use Notification*.
- I have received a copy of *the Notification of Rights Under FERPA*.

PARENTS: Please check any restrictions you would prefer on your child's information or activities:

- Do NOT publish my child's photo, name, initials and/or schoolwork on the Internet.
- Do NOT publish my child's photo, name, initials and/or schoolwork on any commercial broadcast media.
- Do NOT release directory information regarding my child (name, address, phone number).
- Do NOT allow my child to attend field trips.

Parent Signature

Date

This page intentionally left blank.



PHYSICAL EDUCATION FORM FOR ELEMENTARY STUDENTS

The elementary physical education curriculum for students in District 91 follows a progression of fundamental developmental skills with physical fitness as the goal for all activities. Please review the list of planned P. E. activities below. **If you feel your child cannot or should not participate in a particular activity, please so indicate and list reasons for non-participation in the "comments" section.** The physical education specialists at each school in District 91 invite your phone calls and/or questions concerning the P. E. curriculum and activities.

Student Information (please print):

Grade _____

Last Name

First Name

Middle Name

*Please inform the school if your child becomes unable to participate at a future date.

PLANNED P. E. ACTIVITIES

(Check only activities in which your child should **NOT** participate.)

_____ Ball Skills

_____ Basketball

_____ Volleyball

_____ Softball

_____ Soccer

_____ Football

_____ Racquet Skills

_____ Physical Fitness (periodic fitness assessments will be conducted by methods including the Presidential Fitness Challenge, Physical Best and/or the AAU test)

_____ Lead-up and Recreational Games

_____ Perceptual Motor Training (kindergarten and 1st grade)

_____ Rhythmics (includes fold, round and line dancing)

_____ Rope Jumping

_____ Stunts and Tumbling

_____ Track and Field

COMMENTS:

Parent Signature

Date

This page intentionally left blank.



HOME LANGUAGE SURVEY

School districts are required by the Idaho State Department of Education and the Office of Civil Rights to determine the primary language of each student. This survey's purpose is to determine if the student is potentially eligible for language services.

Please answer the following questions, sign the form and return it to your student's school. Thank you for your assistance.

Student Information (please print)

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
School	Grade	Date of Birth
_____	_____	_____
Birth Country	Moved From (City /State)	Original US Entry Date

1. What is the primary language spoken in the home? _____
2. Is any language other than English spoken in the home? _____
3. What language does your child speak most often? _____
4. What language do you use to speak to your child? _____
5. What language does your child use to speak to you? _____
6. In what language would you prefer to receive letters, phone calls, and texts from the school? _____

Check the box if your family has moved at some time in the past three years to look for work in Agriculture (Farming, Potato Industry, Dairy, Meat Processing)

Parent Signature

Date

This page intentionally left blank.



Student Residency Questionnaire

Name of School _____

Name of Student: _____
Last First Middle

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

A

Is your current address a temporary living arrangement? _____ Yes _____ No

Is this temporary living arrangement due to loss of housing or economic hardship?
_____ Yes _____ No

If you answered YES to the above questions, please complete the remainder of this form.

If you answered NO, you may stop here. Please sign the bottom of the page.

Where is the student presently living? (*Check one box.*)

- In a shelter or transitional housing
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- In a motel/hotel
- in housing or any vehicle (including camper) without running water, electricity, or heat
- With another family in their home, apartment or trailer
- Moving from place to place

Other students in the family

Name

Grade

School

Name of Parent(s)/Legal Guardians(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

This page intentionally left blank



Elementary Student Health Information

Student Name _____ Date of Birth _____

School _____ Grade _____

Dear Parent/Guardian/Student:

Please complete this health information form. This information may be shared with the student's teacher(s) and administration to promote and protect the health of students but otherwise is completely confidential.

Has your child ever been diagnosed with:

Describe illness including diagnosis date:

Diabetes Yes No (insulin/snacks, symptoms) _____

Insulin Resistance Yes No _____

Asthma Yes No (medications, symptoms, triggers) _____

Kidney or urinary problems Yes No _____

Heart Conditions Yes No _____

Seizure disorder Yes No (medications, symptoms, last seizure) _____

Concussion/severe blow to head Yes No _____

Allergies Yes No (symptoms, triggers, medications) _____

Chicken Pox Yes No (date) _____

ADD/ADHD Yes No _____

Bi Polar/ Depression Yes No _____

Has your child had surgery or been in the hospital? Yes No _____

Does your child take medication Yes No (list) _____

Please list any other disease, health problem or handicap (such as orthopedic, heart, vision, hearing) or anything that school staff should be aware of: _____

I hereby give consent for my child _____ to be given upon his/her request at the discretion of the school nurse or designated authority (please check appropriate box):

Cough Drops Hydrocortisone Cream Calcium Antacid (TUMS)

Antibacterial Ointment (Neosporin) Diphenhydramine Hydrochloride (Benadryl)

This consent is valid for the duration of my child's enrollment in Idaho Falls School District 91. See signature below.

Parent/Guardian Signature _____ Today's Date _____

Thank you,

School District 91 Health Services

690 John Adams Parkway, Idaho Falls, ID 83401

This page intentionally left blank.



Date (fecha): _____

REQUEST FOR SCHOOL RECORDS

(Registros de la Escuela Anterior)

The Family Educational Rights and Privacy Act (FERPA) allows schools to disclose a student's education record, without consent, to other schools to which a student is transferring (34 CFR § 99.31).

Previous School (*escuela anterior*): _____

Mailing Address (*dirección postal*): _____

City/State/Zip (*cuidad, estado, código postal*): _____

Phone # (*teléfono de escuela*): _____ FAX #: _____

Expected Start Date at District 91 (*Fecha Esperada a Comenzar en el Distrito 91*): _____

Student Name (*nombre del estudiante*) Grade (*grado*)

Student Name (*nombre del estudiante*) Grade (*grado*)

Student Name (*nombre del estudiante*) Grade (*grado*)

Student Name (*nombre del estudiante*) Grade (*grado*)

The above named student(s) recently enrolled in Idaho Falls School District 91. **Please forward all records to the school indicated by a checkmark below.** Please include academic files, extended files (i.e. special education, psychological evaluations, speech/language evaluations, testing), birth certificate, health records. Thank you.

*Idaho Schools: Please also include IRI records.

BOYES ELEMENTARY

1875 Brentwood
Idaho Falls ID 83402
208-525-7630
Fax 208-525-7633

ERICKSON ELEMENTARY

850 Cleveland
Idaho Falls ID 83401
208-525-7612
Fax 208-525-7629

LONGFELLOW ELEMENTARY

2500 S Higbee
Idaho Falls ID 83404
208-525-7648
Fax 208-525-7647

BUNKER ELEMENTARY

1385 E 16th St
Idaho Falls ID 83404
208-525-7606
Fax 208-525-7610

FOX HOLLOW ELEMENTARY

2365 Genevieve
Idaho Falls ID 83402
208-524-7890
Fax 208-524-7899

SUNNYSIDE ELEMENTARY

165 Cobblestone
Idaho Falls ID 83404
208-524-7880
Fax 208-524-7889

BUSH ELEMENTARY

380 W Anderson
Idaho Falls ID 83402
208-525-7602
Fax 208-525-7604

HAWTHORNE ELEMENTARY

1520 S Boulevard
Idaho Falls ID 83402
208-525-7636
Fax 208-525-7640

TEMPLE VIEW ELEMENTARY

1500 Scorpius
Idaho Falls ID 83402
208-525-7660
Fax 208-525-7659

EDGEMONT ELEMENTARY

1240 Azalea
Idaho Falls ID 83404
208-525-7618
Fax 208-525-7622

LINDEN PARK ELEMENTARY

1305 9th St
Idaho Falls ID 83404
208-525-7642
Fax 208-525-7644

WESTSIDE ELEMENTARY

2680 Newman
Idaho Falls ID 83402
208-525-7666
Fax 208-525-7671

This page intentionally left blank