

**Post Falls School District #273  
West Ridge Elementary**

**Student Registration Form**

<b>For Office Use Only</b>	
Date Enrolled _____	
Homeroom Teacher _____	
Grade _____	
Birth Certificate	Y N
Immunizations	Y N
Health Alert	Y N
Directory Release	Y N
Field Trip	Y N
Internet Use	Y N
Court Order	Y N

Legal Last Name \_\_\_\_\_ Grade \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Parent's E-Mail Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Ethnicity: Caucasian\_\_ Hispanic\_\_ African American\_\_ Asian\_\_ Native American\_\_ Pacific Islander\_\_  
 Special Services: Has child received any special services? Previously Currently (Please circle one)  
 Special Education\_\_ Speech/Language\_\_ Occupational Therapy\_\_ Physical Therapy\_\_  
 Title I\_\_ Gifted/Talented\_\_ 504 Plan\_\_ Other \_\_\_\_\_

**LAST SCHOOL ATTENDED**

School Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Last Date of Attendance \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Student lives with: \_\_\_\_\_ (ex: mom/dad, grandparent, guardian, etc.)

Primary Parent \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_

Secondary Parent \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_

Legal Guardian (other than parent) \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List language(s) spoken in the home: \_\_\_\_\_

**Siblings:**

Name \_\_\_\_\_  
 School/Grade \_\_\_\_\_

**HEALTH HISTORY**

Your signature below authorizes this information to be placed in your child's cumulative file.

Please check the appropriate boxes below that pertain to your child now or in the past. ADHD\_\_ Asthma\_\_

Diabetes\_\_ Seizures\_\_ Cardiac Problems\_\_ Other: \_\_\_\_\_

Allergies (specify) \_\_\_\_\_

Current medications: \_\_\_\_\_

Does your child have a LIFE THREATENING illness or condition that will require a health plan? Yes\_\_ No\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY NOTIFICATION CONSENT

In the event of a school or district-wide emergency, I request that the district notify me through personal e-mail or by text. Please use the personal e-mail address or text phone number listed below:

E-Mail Address: \_\_\_\_\_ Text Phone Number: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY INFORMATION

In the event a parent cannot be reached, please list below local relatives or friends we may contact to release your child to in case of illness or school emergency.

1 <sup>st</sup> Name _____	Phone # _____	Relation to Student _____
2 <sup>nd</sup> Name _____	Phone # _____	Relation to Student _____
3 <sup>rd</sup> Name _____	Phone # _____	Relation to Student _____

## EMERGENCY CONSENT

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make any arrangements necessary for the safety of my student. I give my permission for emergency personnel to provide treatment as needed.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## NAME / PHOTO / DIRECTORY RELEASE

Permission to have name and/or photo used in newspaper/educational display/website? Yes \_\_\_ No \_\_\_

Permission to have photo used in Yearbook? Yes \_\_\_ No \_\_\_

Permission to release directory information to school PTO? Yes \_\_\_ No \_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## FIELD TRIP PERMISSION

During the school year there are times when our instructional program must be taken out of the classroom and into the community. Rather than asking permission for your child to participate on each occasion, your signature below indicates approval for your child to participate in field trips during the current school year. Through published calendars, newsletters or special notes, we will inform you of times and dates of each field trip prior to the event. This will give you an opportunity to contact your child's teacher if you have questions or choose for your child to not participate.

I grant permission for my child to participate on field trips. Yes \_\_\_ No \_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## STUDENT INSURANCE

Post Falls School District #273 does make student medical insurance available to families for their individual purchase. Brochures outlining the coverage and premiums are handed out at the beginning of the school year, and are available at the school office after that time. Even with the greatest precautions and the closest supervision, accidents can and do happen at school. They are a fact of life and part of the growing-up process our children go through. Parents, please be prepared to pay for your child's possible medical expenses that may arise should your child be injured at school.

I have read and understand the above information concerning medical insurance coverage.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## LEGAL RESTRICTIONS

Are there Legal Restrictions regarding contact with this child? Yes \_\_\_ No \_\_\_ If yes, a copy of the court order MUST be on file at school. In order to enforce any restrictions on visitation, the school district must be provided copies of legal documents (custody award, restraining order or other court order). Our normal procedure is to contact the custodial parent when individuals attempt to make contact with your child without proper authorization. Please indicate any other procedures you want us to follow. \_\_\_\_\_

Your child's welfare is our primary concern. Please advise the school immediately of any changes in this information. Your cooperation is appreciated.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**POST FALLS SCHOOL DISTRICT NO. 273  
2020-2021 CONFIDENTIAL RESIDENCY STATUS QUESTIONNAIRE**

The answers you give below will help the School District determine what services you or your student may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to other support services.

Presently, where is the student living? *Check one box.*

<p><b>Section A</b></p> <p><input type="checkbox"/> In a shelter, transitional housing, or awaiting foster care</p> <p><input type="checkbox"/> With more than one family in a house or an apartment due to loss of housing or economic hardship</p> <p><input type="checkbox"/> In a temporary trailer, campground, car, or park</p> <p><input type="checkbox"/> In a hotel or motel</p> <p><b>CONTINUE:</b> <i>If you checked a box in Section A, please complete Question 2 and the remainder of this form.</i></p>	<p><b>Section B</b></p> <p><input type="checkbox"/> Choices in Section A do not apply</p> <p><b>STOP:</b> If you checked this Section B, you do <b>not</b> need to complete the remainder of this form. Please sign and date at the bottom of this form and submit it to school personnel. Thank you.</p>
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Student Resides With:

- |  |  |
|--|--|
| <p>_____ One (1) parent</p> <p>_____ Two (2) parents</p> <p>_____ One (1) parent and another adult</p> | <p>_____ A relative, friend(s), or other adult(s)</p> <p>_____ Alone with no adults</p> <p>_____ An adult that is not the parent or the legal guardian</p> |
|--|--|

School Name: _____			
Student's Legal Name: _____		Grade: _____	
Last	First	Middle	
Date of Birth: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
Parent/Legal Guardian: _____			
Address: _____		City	State
	Zip	Home Phone: _____	Cell Phone: _____

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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**FOR SCHOOL OFFICE USE ONLY:**

If the parent/guardian has checked Section B above, completion of the form is not required. For any choices in Section A, this form must be immediately routed to the District-appointed Homeless Liaison. For audit purposes, the original form must be kept separately from the Student's Permanent Record.

Name of school personnel who may have knowledge of the student's family/living situation: \_\_\_\_\_

School Personnel Signature: \_\_\_\_\_ Student EDUID: \_\_\_\_\_ Date: \_\_\_\_\_



**Post Falls School District  
Families in Transition  
Mobility Survey  
2020-2021**

Name of Student \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

This questionnaire is to address the McKinney-Vento Act. It is the Post Falls School District's responsibility to identify families who are in transition. Your answers will help the schools determine what documentation is needed for your child to register.

1. Where is the student currently residing at night?

Section A	Section B
<ul style="list-style-type: none"> <li><input type="radio"/> With more than one family in a home <u>due to financial hardship</u> (the parent or guardian is not on the lease agreement)</li> <li><input type="radio"/> In a motel, car, or campground</li> <li><input type="radio"/> With someone other than the parent or legal guardian</li> <li><input type="radio"/> In a home with no running water or heat available.</li> <li><input type="radio"/> In a temporary shelter ( Example: Family Promise)</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Choices in Section A do not apply</li> </ul> <p><u>If you checked the box, stop here.</u> <u>There is no need to continue.</u></p>

Please list all members of your family living in the home, including newborns to age 21.

Child's name	School attending	Age

# POST FALLS SCHOOL DISTRICT #273

DISTRICT ADMINISTRATIVE OFFICE

PO BOX 40 POST FALLS ID 83877-0040

PH 208-773-1658 FX 208-773-3218

[www.pfsd.com](http://www.pfsd.com)

## Statewide Home Language Survey

Our school district along with the Idaho State Department of Education and the Office for Civil Rights require that students' language(s) are identified. This survey's purpose is to determine whether they are potentially eligible for language services.

<b><u>Student Name:</u></b>		<b><u>Date:</u></b>	
<b><u>Birthdate:</u></b>		<b><u>Gender:</u></b>	Male      Female
<b><u>School:</u></b>		<b><u>Grade:</u></b>	

1. What language(s) are spoken in the home?

\_\_\_\_\_

2. What language(s) does your student speak most often?

\_\_\_\_\_

3. What language(s) did your student first learn?

\_\_\_\_\_

4. Which language does your child speak with you? \_\_\_\_\_

5. Which language do you use when speaking with your child? \_\_\_\_\_

6. Which language do you want phone calls and letters? \_\_\_\_\_

7. What is your relationship to the child? Mother    Father    Guardian

Other (specify) \_\_\_\_\_

8. Is there any additional information you would like the school to know about your child? \_\_\_\_\_

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DISTRICT ADMINISTRATIVE OFFICE

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## Encuesta Estatal del Idioma en el Hogar

Nuestro Distrito escolar juntamente con el Departamento de Educación Estatal de Idaho y la Oficina de los Derechos Civiles requiere que el idioma(s) de los estudiantes este identificado. El propósito de esta encuesta tiene por objeto determinar si los estudiantes son potencialmente elegibles para servicios de idiomas.

<b><u>Nombre del Estudiante:</u></b>		<b><u>Fecha:</u></b>	
<b><u>Fecha Nacimiento:</u></b>		<b><u>Género:</u></b>	M F
<b><u>Escuela:</u></b>		<b><u>Grado:</u></b>	

1. ¿Qué idioma(s) se habla en el hogar?

\_\_\_\_\_

2. ¿Qué idioma(s) habla más frecuentemente su hijo?

\_\_\_\_\_

3. ¿Qué idioma(s) aprendió su hijo primero?

\_\_\_\_\_

4. ¿Qué idioma habla su hijo con usted? \_\_\_\_\_

5. ¿Qué idioma utiliza usted cuando habla con su hijo? \_\_\_\_\_

6. ¿En qué idioma prefiere usted llamadas y cartas? \_\_\_\_\_

7. ¿Cuál es su relación con el niño? Madre Padre Guardián

Otro (especificar) \_\_\_\_\_

8. ¿Tiene alguna información adicional que usted desearía que la escuela conozca sobre su hijo? \_\_\_\_\_