

Welcome To River City Middle School

1505 N. Fir Street
Post Falls, ID 83854
Phone: (208) 457-0933
Fax: (208) 457-1673

Registration Information

For new students entering the Post Falls School District,
The following items are required at the time of registration:

1) Completed Registration Forms

Please print and complete the attached registration forms below.

- Student Registration Form
- Authorization to Release Information
- Enrollment of New Student Confirmation Status
- Statewide Home Language Survey
- Families in Transition Mobility Survey
- Idaho Migrant Education Program, Parent Employment Survey
- Student Acceptable Internet Use Agreement
- Student Scheduling Sheet
- Authorization for Administration of Tylenol/Ibuprofen (optional)

2) Copy of Birth Certificate

3) Immunization Records

4) Proof of Post Falls Residency that is within River City Middle School Boundaries.

Please turn all completed documents into the office of River City Middle School.
Once we receive all documents needed to enroll your child, a schedule will be emailed to you.

**Post Falls School District #273
River City Middle School**

Student Registration Form

For Office Use Only		Legal Last Name _____	Grade _____
Date Enrolled _____		First _____ Middle _____	
Homeroom Teacher _____		Physical Address _____	
Grade _____		Mailing Address _____	
Birth Certificate Y N		Parent's E-Mail Address _____	
Immunizations Y N		Home Phone _____ Message Phone _____	
Health Alert Y N		Date of Birth _____ Male _____ Female _____	
Directory Release Y N		Ethnicity: Caucasian _____ Hispanic _____ African American _____ Asian _____ Native American _____ Pacific Islander _____	
Field Trip Y N		Special Services: Has child received any special services? Previously _____ Currently _____ (Please circle one)	
Internet Use Y N		Special Education _____ Speech/Language _____ Occupational Therapy _____ Physical Therapy _____	
Court Order Y N		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 _____
 Has this student ever been: Suspended _____ Yes _____ No Expelled _____ Yes _____ No

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 st Name _____	Phone # _____	Relation to Student _____
2 nd Name _____	Phone # _____	Relation to Student _____
3 rd 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.

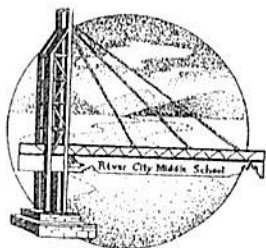
Parent/Guardian signature _____ Date _____

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 _____



RIVER CITY MIDDLE SCHOOL

1505 N. FIR STREET
P.O. BOX 40
POST FALLS, ID 83854
PHONE: 208-457-0933
FAX: 208-457-1673

PRINCIPAL: MR. PREISS
ASSISTANT PRICIPAL: MRS. WELLS

AUTHORIZATION TO RELEASE INFORMATION

STUDENT'S NAME _____ DATE _____
CURRENT GRADE _____ DATE OF BIRTH _____
PREVIOUS SCHOOL _____
CITY/STATE _____
PHONE _____
FAX _____

PLEASE FAX THE FOLLOWING INFORMATION TO 208-457-1673

- ☐ BIRTH CERTIFICATE
- ☐ IMMUNIZATIONS
- ☐ CURRENT GRADES & TRANSCRIPTS
- ☐ IEP & ELIGIBLTY REPORT
- ☐ 504 PLAN
- ☐ RTI/MTSS PLAN

PLEASE MAIL CUMULATIVE FILE AND ANY SPECIAL ED RECORDS TO:

RIVER CITY MIDDLE SCHOOL
P.O. BOX 40
POST FALS, ID 83877

I acknowledge notification of this transfer of records as required by the Family Educational Right and Privacy Act of 1974 (FERPA) and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the contents of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

UNDER PUBLIC LAW 93-380, NOW AMENDED IN SECTION 33.34, PL 930568, AND FERPA, REG. 99.31, NO PARENT SIGNATURE IS REQUIRED FOR EDUCATIONAL RECORDS SENT TO ANOTHER EDUCATIONAL AGENCY.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Phone Number

NAME	_____
FAXED	_____
RECEIVED	_____

Post Falls School District #273
Enrollment of New Student Confirmation Status

As the custodial parent/guardian of _____
I confirm that I reside within the boundaries of the Post Falls School District, where I
maintain legal residency. My physical address is:

Post Falls, ID 83854

Student Standing In Previously Attended School:

Listed below is any pertinent information on the above named student that will be
forthcoming with the student's transfer records.

Discipline History:

___ Suspension

___ Expulsion

Legal Intervention:

___ Active Probation

___ Diversion

Special Services

___ 504

___ IEP

Mental Health:

___ Current Diagnosis _____

___ Current Medications _____

Comments:

I have read, understood and responded to the above informational statements.

Parent/Guardian _____

Date _____

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

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.

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

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? _____



**Post Falls School District
Families in Transition
Mobility Survey
2021-22**

Name of Student _____

Name of Parent(s) or Guardian _____

Address _____

Signature of Parent/Legal Guardian _____

Date _____ Phone Number _____

Current School: _____

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

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

Child's name	School attending	Age



Idaho Migrant Education Program

Parent Employment Survey



Versión en español en el otro lado de la hoja

The information provided below is used to identify students who may qualify to receive additional educational services. A program employee may contact you for further information if needed. All information is kept confidential.

Child's Name: _____ District: _____ Date: _____

Birthdate: _____ School: _____ Grade: _____





1. In the past three years, has your family lived in another school district? This includes other school districts in Idaho, or another state or country.

Yes _____ (CONTINUE TO #2) No _____ (STOP HERE)

2. In the past three years, has anyone in your household had a job working with any of these products or activities (not including on your own property)?

Yes _____ (CONTINUE TO #3) No _____ (STOP HERE)

Please check all that apply below:

	<input type="checkbox"/> Any Crops Examples: corn, potatoes, beans, wheat, sugar beets, fruits, hops, alfalfa, etc. or field preparations		<input type="checkbox"/> Any Livestock Examples: cattle, pigs, sheep, chickens, dairy
	<input type="checkbox"/> Processing agricultural products Examples: (Sorting, packing, cutting, etc.) onions, potatoes, meat, fruit, trees, etc.		<input type="checkbox"/> Other agriculture Examples: Forestry, nursery plant care, fishing

3. Parents' Names: _____ Phone: _____

Address: _____ City: _____

Please list all other children in the household less than 22 years of age (include children under 5):

Name	Birthdate	School	Grade



Idaho Migrant Education Program

Encuesta de Empleo para los Padres

English version on the other side



La información abajo es para identificar a estudiantes que puedan calificar para recibir servicios adicionales de educación. Es posible que un empleado del programa le contacte a usted para obtener más información. Toda la información es confidencial.

Nombre del niño: _____ Distrito: _____ Fecha: _____

Fecha de Nacimiento: _____ Escuela: _____ Grado: _____

1. ¿En los últimos tres años, ha vivido su familia en otro distrito escolar? Esto incluye otros distritos escolares en Idaho, u otro estado o país.

Sí _____ (SIGA AL #2)





No _____ (PARE AQUÍ)

2. En los últimos tres años, ¿hubo alguien en su hogar un trabajando con alguno de estos productos o actividades (sin incluir su propiedad)?

Si _____ (SIGA AL #3)

No _____ (PARE AQUÍ)

Por favor marque todos los que apliquen abajo:

	<input type="checkbox"/> Cualquier Cultivos Ejemplos: maíz, papas, frijoles, trigo, remolacha, frutas, lúpulo, alfalfa, etc.o preparación de campo		<input type="checkbox"/> Cualquier ganado Ejemplos: vacas, cerdos, ovejas, pollos, lechería
	<input type="checkbox"/> Procesamiento de productos agrícolas. Ejemplos: (Clasificación, empaque, corte, etc.) cebollas, papas, carne, frutas, árboles, etc.		<input type="checkbox"/> Otra agricultura Ejemplos: silvicultura, cuidado de plantas de vivero, pescar

3. Nombre de los padres: _____ Teléfono: _____

Dirección: _____ Ciudad: _____

Por favor liste a todos los niños menores de 22 años en la casa:

Nombre	Fecha de Nacimiento	Escuela	Grado

Student Name: _____ Grade: _____

To better assist us in scheduling your child please fill in the applicable information on the form below.

Please mark yes to all that apply.

My student is serviced for a/an:

IEP Yes No 504 Yes No RTI Yes No

My student was scheduled in advance placement classes:

Math Yes No ELA Yes No Gifted Program Yes No

Additional information:

6th Graders

Please rank the following elective choices from 1 to 5 with 1 being of high interest and 5 being of low interest.

ART 1 2 3 4 5 Coding/Robotics 1 2 3 4 5 Google Apps 1 2 3 4 5

STEM 1 2 3 4 Creative Writing 1 2 3 4 5

All sixth grade students will participate in our music program. Please indicate whether you prefer band or choir. Band does require the student to provide an instrument.

☐ Band ☐ Choir ☐ Exploratory Music

Rank your top 4 elective choices below. (Write 1 for your 1st choice, 2 for your 2nd choice, etc.)

7th Graders

____ Art I
____ Shop I
____ Graphic Design
____ Web Design and Coding
____ Apple Swift Coding
____ Drama I
____ Band (Full Year commitment)
____ Choir Sem. 1
____ Choir Sem. 2
____ Choir Full Year
____ Guitar
____ Money
____ Piano
____ Hands on History

8th Graders

____ Art II (Ceramics)
____ Shop II
____ Graphic Design
____ Web Design and Coding
____ Apple Swift Coding
____ Drama I ____ Drama II
____ Band (Full Year commitment)
____ Choir Sem. 1
____ Choir Sem. 2
____ Choir Full Year
____ Guitar
____ Money
____ Piano
____ Hands on History

8th graders will also participate in an enrichment class. This is a quarter class. Please indicate which one of the following you are not interested in by placing a check box next to your choice.

____ Sports Science
____ Space Exploration
____ Literature Circles
____ Idaho Living
____ Outdoor Sports

7th & 8th graders who prefer a more competitive sports oriented PE may take Sports PE. Yes No

8th graders have the option to take a Walk Fit Health course which will serve as their PE and Health credit. Yes No

As an 8th grade band student, you are also eligible to take Jazz band as your elective. Please check the box below if you are interested.

☐ Jazz Band

Yearbook is an 8th grade yearlong enrichment that requires a minimum 3.0 GPA and teacher referral. If you would like to be considered for this class, please check the box below.

☐ Yearbook

Transcript/Transfer Grades Given to Counselor: Y/N

River City Middle School 7th & 8th Grade Elective Description

ART 1: students will be introduced to the elements & principles of art. They will explore the importance of art and how it affects everyone's life. The main art medium of interest will be drawing, painting, scratch board, sculpture & ceramics. (7th Only)

ART 2: Students will continue the development of the elements & principles of art. They will explore the importance of art and how it affects everyone's life. The main art medium of interest will be drawing, painting, scratch board, sculpture & ceramics. (8th Only)

SHOP I Students will learn the basics of shop safety and how to safely use hand tools and a few power tools. They will also learn how to measure using a ruler and a tape measure. You will complete shop projects such as: small scale building project, piggy bank project, flight project, and a personal choice project. (7th Only)

SHOP II: Students will learn more advanced shop safety techniques and how to safely use a variety of power tools. Students will complete shop projects such as: large scale building project, dovetail box, CAD, 3D printing, and a CO2 car project. (8th Only)

GRAPHIC DESIGN: This class is a project driven semester class that will focus solely on the use of Adobe Photoshop. It will challenge all by delving deep into the features of Photoshop and using these features to create projects. Creativity is a must in the Graphics Design field, so come ready to work hard and be artistic.

WEB DESIGN & CODING: This semester class will incorporate basic web page design into creating usable, graphically pleasant web pages. We will start by focusing on using basic HTML5 elements into basic design software to create web pages. As the semester progresses, we will add CSS into the Instruction and more sophisticated software.

APPLE SWIFT CODING: This is a semester class that will teach Apple's Swift Language using iPads. Ultimately to be integrated with Drone Robotics. Upon successful completion of Part, I in the 1st semester, you may choose to continue on and take Parts II and III. Potentially you could be coding Swift on a Mac Computer developing IOS apps using Apple's xCode.

DRAMA I: This exploratory class will focus on the exciting world of Drama! We will look at the elements of drama, including: staging, plot development, dialogue/finding your voice, acting, and character development! We will engage in exciting activities helping you to recognize your creative abilities and stage presence! And, if on-stage is not your thing, we will also explore the backstage/technical side of things! There are MANY different working parts in making a production happen, including: lighting, sound, set design, costuming, and more! Come join the fun in this informative introduction to the exciting world of Drama!

Drama II: This exploratory class will focus on taking the wonderful world of Drama a step further! We will review the elements of drama, including: staging, plot development, dialogue/finding your voice, acting, and character development, but then we will implement those elements into performances involving: theatre history, Commedia, and Shakespeare! We will engage in Small group performances, monologues, and showcase performances performer for small groups. This class is a great segway into High School Drama. Come back to join the fun in this stepped-up rendition of the exciting world of Drama! **(Pre-requisite Drama I)**

BAND: Band is dedicated to music education and performance for those interested in instrumental music. Prerequisites are (1) You must be proficient on one of the following instruments: flute, double reeds, clarinet, sax, French horn, trumpet, trombone, baritone, tuba, bass or percussion. (2) You must be able to read music & provide the instrument.

CHOIR: This is a one or two semester performance-oriented class open to all who enjoy singing. Main concepts covered include the basic fundamentals of music and music reading, breath control, vocal production and technique, diction, and performance skills. Students will participate in one evening concert per semester as well as contests/festivals. S1_____ S2_____ FY_____

GUITAR: This semester class is dedicated to music education for those interested in learning the guitar. You will learn a variety of guitar techniques and how to read standard music notation. You must provide your own guitar.

MONEY: is a semester class about how to manage your finances. Find out how to spend, budget, and manage your money for success. (Class may not be taken more than once)

HANDS ON HISTORY: "Hands-On History examines our past, explains our present, and imagines our future. It's the history about you, me, and everything else; one that we will explore through projects, games, art, and creative writing."

SOURCES OF STRENGTH: Be a key member of the Sources of Strength team! Apply using the form located in the Registration Google Classroom. Join codes - Next year's 8th: sahur7 Next year's 7th: wj53iom

STUDENT ACCEPTABLE INTERNET USE AGREEMENT

I understand and will abide by this district's policy entitled Information Network Terms and Conditions (see back side). Should I commit any violation of the policy, my access privileges will be revoked and school disciplinary and/or legal action may be taken.

Print Full Legal Name: _____

User Signature: _____ Date: _____

As the parent/guardian of this student, I have read this district's policy entitled Information Network Terms and Conditions (see back side). I understand that this access is designed for educational purposes and this district has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for the district to restrict access to all controversial materials, and I will not hold it responsible for materials acquired on the computer network service. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child for the duration of his/her enrollment in the Post Falls School District and certify that the information contained on this form is correct. Should I at any time desire my student's internet access revoked, I will submit a written request to the district office.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

User's Full Legal Name: _____

School: _____ Date: _____

Grade: _____ Home Room/Advisory: _____

INFORMATION NETWORK TERMS AND CONDITIONS

Acceptable Use: The purpose of the Information Network is to support research and education in and among academic institutions in the U.S. by providing access to unique resources and the opportunity for collaborative work. The use of the network must be in support of education and research and consistent with the educational objectives of the Post Falls School District. Use of other organizations' network or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of a U.S. or state regulation is prohibited. This includes, but is not limited to copyrighted material, threatening or obscene material, or material protected by trade secret. Use for commercial activities is generally not acceptable. Use for product advertisement or political lobbying is also prohibited.

Privileges: The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of the privileges. Each student, before authorized to access the Internet, will be trained in the proper use of the network. The system administrators will deem what is inappropriate use and their decision is final. The system administrators may withdraw use privileges at any time as required. The administration, faculty or staff of Post Falls School District may request the system administrator to deny, revoke or suspend user privileges.

Network Etiquette: Each user of the network, student or staff member, is expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to the following:

- A. Be polite. Do not get abusive in your messages to others.
- B. Use appropriate language. Do not swear, use vulgarities or any other inappropriate language. Illegal activities are strictly forbidden.
- C. Do not reveal your personal address or phone numbers to students or colleagues.
- D. Note that electronic mail (e-mail) is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
- E. Do not use the network in such a way that the use of the network by other users is disrupted.
- F. All communications and information accessible via the network should be assumed to be private property.

Security: Security on any computer system is a high priority, especially when the system involves many users. Identified security problems must be reported to the classroom supervisor. Attempts by a student to log on to the network as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.

Post Falls School District
Authorization for Administration of Tylenol/Ibuprofen

Student Name _____ Birthdate _____
Address _____ Home Phone _____
Parent/Guardian _____ Work Phone _____
School _____ Grade _____

My child may receive Tylenol or Ibuprofen as needed for headaches, muscle aches or other minor concerns at the discretion of the school nurse or other designated personnel. You will be notified if your child makes frequent requests for this medication which may indicate a more severe problem.

My child should receive: Please circle your choice(s)

One Acetaminophen (Tylenol)

Two Acetaminophen (Tylenol)

One Ibuprofen

Two Ibuprofen

Signature of Parent/Guardian _____ Date _____