



LITTLE HUSKIES PRESCHOOL

- Little Huskies Preschool is free of charge.
- A total of 36 students will attend the preschool four days/week. There will be morning and afternoon sessions of 18 students each.
- The preschool will be held at Butte View Elementary.
- Students must be potty trained to attend Little Huskies Preschool.
- Students who will attend Kindergarten for the 2024-2025 session will be enrolled first (or turn 4 years old by September 1st).
- Applications are due by May 31st.
- Little Huskies Preschool is made possible through the following grant funds in partnership with Emmett School District:
 - The Nita M. Lowey 21st Century Community Learning Center grant (21CCLC)
 - Idaho Association for the Education of Young Children (ID AEYC)
- You may email the program director at sanderson@isd221.net or call the Emmett School District office at 208-365-6301 if you have any questions..
- The preschool will officially start classes in September 2023. An open house for parents of those children who are officially enrolled will be held in August.
- **If you are on the Little Huskies waiting list:** Direct any questions to sanderson@isd221.net. You will be notified when there is space available for your student.





Emmett Independent School District Student Enrollment Form

First Day of Enrollment: _____ Grade Level: _____
Student's **LEGAL** Name: _____
First/Given Middle Surname/Family Name

Also Known As: _____

Date of Birth: _____

☐ Male ☐ Female

Ethnicity (Optional) Check all that apply

- ☐ Am Indian/Alaska Native
- ☐ Asian
- ☐ Black/African Am
- ☐ Pacific Islander
- ☐ White
- ☐ Hispanic

Custodial Information (if applicable)

Custody: ☐ Mother ☐ Father ☐ Joint

Non Custodial Parent: ☐ Permission to see ☐ Pick Up

Copy of custody papers on file ☐ Yes ☐ No

Last School Attended: _____

Address: _____

City: _____ State: _____

Has the Student ever attended Emmett Schools Before? ☐ Yes ☐ No

If yes, provide the School, Grade, and Year

Special Services at Previous School? ☐ Yes ☐ No

Program: _____

Home Language(s): _____

Medical Information:

Recent Booster Date: _____

Allergies: _____

Medication: _____

Primary Household

Home Phone: _____ ☐ Private Effective Date: _____

Residence Address: _____ ☐ Private

Number Street Apt/Lot

City State Zip

Mailing (if different): _____ ☐ Private

Number Street Apt/Lot

City State Zip

Parent/Guardian (Living in this Household)

Name: _____

First/Given

Middle Initial

Surname/Family Name

Relation To Student

Employer: _____

Work Phone: _____

Email Address: _____

Cell Phone: _____

- ☐ Infinite Campus
- ☐ Parent Access
- ☐ Mailing

Parent/Guardian (Living in this Household)

Name: _____

First/Given

Middle Initial

Surname/Family Name

Relation To Student

Employer: _____

Work Phone: _____

Email Address: _____

Cell Phone: _____

- ☐ Infinite Campus
- ☐ Parent Access
- ☐ Mailing

For Office Use Only

- ☐ Certified Birth Certificate
- ☐ Immunization Records
- ☐ Immunization Exempt Form
- ☐ Health History
- ☐ Proof of Residency
- ☐ Home Language Survey
- ☐ Check-out from previous school
- ☐ Physical Form

Generally, a student is eligible for bus transportation if their residence is 1.5 miles or more from their school, or within a board-approved safety busing area. If you believe your child is eligible, check here to apply for school bus transportation. _____

Parent/Guardian Signature

Date

Secondary Household - *If the student lives in both households please check here* ☐

Home Phone: _____ ☐ Private Effective Date: _____

Residence Address: _____ ☐ Private
Number Street Apt/Lot

City State Zip

Mailing (if different): _____ ☐ Private

Number Street Apt/Lot

City State Zip

Parent/Guardian (Living in this Household)

Name: _____
First/Given Middle Initial Surname/Family Name Relation To Student

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

- ☐ Infinite Campus
- ☐ Parent Access
- ☐ Mailing

Parent/Guardian (Living in this Household)

Name: _____
First/Given Middle Initial Surname/Family Name Relation To Student

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

- ☐ Infinite Campus
- ☐ Parent Access
- ☐ Mailing

Emergency Contacts *(Please provide a person or persons (other than the parents) who could be contacted in an emergency).*

Emergency Contact: _____ Cell Phone: _____

Relation to Student: _____ Work Phone: _____

Emergency Contact: _____ Cell Phone: _____

Relation to Student: _____ Work Phone: _____

Emergency Contact: _____ Cell Phone: _____

Relation to Student: _____ Work Phone: _____

Emergency Contact: _____ Cell Phone: _____

Relation to Student: _____ Work Phone: _____

Doctor: _____ Phone: _____

All Children Living in the Primary Household

Legal Name	Birthdate	Grade	School Child Attends
Legal Name	Birthdate	Grade	School Child Attends
Legal Name	Birthdate	Grade	School Child Attends
Legal Name	Birthdate	Grade	School Child Attends
Legal Name	Birthdate	Grade	School Child Attend
Legal Name	Birthdate	Grade	School Child Attend
Legal Name	Birthdate	Grade	School Child Attend

Emmett School District Parent/Guardian Authorizations

Please check all that apply:

Media Release:

- ☐ I give permission to have my child interviewed/photographed/videotaped by the news media that may result in publication.
- ☐ I give permission to have my child interviewed/photographed/videotaped by the school or school district that may result in publication.
- ☐ I give permission to have the school or school district feature my child's work.

Acceptable Use of Network:

- ☐ I have received a copy, and I will read the Student Acceptable Use Policy.
- ☐ I give my permission for my child to access all components of the district network and release the district from any, and all claims and damages of any nature arising from the use of this network.

Student Handbook:

- ☐ I have received a copy, and I will read the Student Code of Conduct.

Field Trips:

- ☐ I give permission for my child to attend any field trips or excursions planned by the school. Students will travel in a school district bus, van driven by a district-designated driver, or a charter bus with school staff chaperones. I will write a note informing the staff if my child will not be participating.

Student Injuries:

Even with the greatest precautions and the closest supervision, accidents can and do happen at school. They are a fact of life, and a part of the growing-up process our children go through. Parents need to be aware of this and be prepared for possible medical expenses that may arise should their child be injured at school. The school district does not provide medical insurance to automatically pay for medical expenses when students are injured at school. This is the responsibility of the parents or legal guardians. The district carries only legal liability insurance. The district 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 year, and are available at the school office yearlong. Parents, please be prepared to pay for your child's possible medical expenses.

I have read and understand the above information:

Signature _____ Printed Name _____
Date _____

Medical Information/ Emergency Release

Student Name _____ Birth Date _____ Sex: ☐ Male ☐ Female

Primary Care Physician _____ Physician Phone Number _____

Over-the-Counter Medication Authorization

I give permission for the school nurse and/or authorized personnel to give my child the following:

Acetaminophen/Tylenol ☐ Yes ☐ No Ibuprofen/Advil ☐ Yes ☐ No

Health History

Life Threatening Allergic Conditions (check all that apply)

Medication required ☐ Epinephrine ☐ Diphenhydramine/Benadryl

☐ Bug bites/Insects: _____

☐ Tree nuts/Peanuts: _____

☐ Food products: _____

☐ Other severe allergies: _____

Please check the box if your child has a history of any of the following. More space on back for details

<input type="checkbox"/> Asthma	<input type="checkbox"/> Headaches/Migraines Frequency	<input type="checkbox"/> Seizure Disorder Type
<input type="checkbox"/> Attention Concern <input type="checkbox"/> ADD <input type="checkbox"/> ADHD	<input type="checkbox"/> Head injury history	<input type="checkbox"/> Skin Concern
<input type="checkbox"/> Behavioral Concern	<input type="checkbox"/> Hearing Concern <input type="checkbox"/> Hearing Aids	<input type="checkbox"/> Stomach/ Intestinal Disorder
<input type="checkbox"/> Cardiovascular/Heart Concern	<input type="checkbox"/> Kidney/Bladder Concern	<input type="checkbox"/> Vision Concern <input type="checkbox"/> Glasses/ Contacts
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Muscle/Joint/Bone Disorder	<input type="checkbox"/> Currently under a physician's care for:
<input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Pump <input type="checkbox"/> CGM	<input type="checkbox"/> Nervous System Disorder	<input type="checkbox"/> Past Major Illness/Injury
<input type="checkbox"/> Emotional Concern <input type="checkbox"/> Anxiety	<input type="checkbox"/> Seasonal Allergies	<input type="checkbox"/> Past Hospitalizations/Surgeries

Describe any physical conditions/disabilities not listed above: _____

Current Medications the student is taking: _____

I give permission to share this information with staff who need to know:

Printed name	Signature	Date
Phone Number H: _____	C: _____ Other: _____	

Medical Consent (Signature Required)

We hereby consent to the treatment of our minor child by a medical physician or medical personnel at any hospital OR temporary treatment by a registered or licensed practical nurse or emergency medical technician until a medical physician can be obtained for any illness or injury to our minor child while on or adjacent to any school grounds of the Emmett School District. This consent shall include, but not be limited to, any surgery deemed required or desirable for immediate health and medical treatment of our child. This consent shall be effective only if none of the undersigned can be contacted or found by reasonable diligence at the time of the needed medical treatment. This consent shall terminate as soon as any of the undersigned are contacted, in which case further medical treatment can be done only with the consent of the person contacted. This consent shall be valid unless and until revoked in writing by one of the undersigned.

Parent/Guardian Signature: _____ Date: _____

Printed Name _____

Use this space if needed for more detail.

Name _____ Date of Birth _____



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

Statewide Home Language Survey - Emmett School District

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.

Student Information	Please Indicate Response
Date:	
Student Name	
Student Birthdate	
School	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade:	

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 used for 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?



Student Residency Questionnaire

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive. (McKinney-Vento Act 42 U.S.C. 11435) The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Student Name		School
Is the student living with a parent or legal guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, with whom is the student living?		Relationship to student?
Check (✓) one	Please identify the student's current living arrangement	For School Use
	1 - Permanent Housing - Rent/own a home/apartment or Doubled-up residency NOT due to economic hardship Please provide address _____	P
	2 - Doubled-up - Temporarily living with family or friends due to loss of housing, economic hardship, or similar reason Please provide address(es) _____	D
	3 - Shelter - Living in emergency or transitional shelter Please provide name of shelter _____	S
	4 - Hotel/Motel - Temporarily because of lack of other suitable housing Please provide name of hotel _____	H
	5 - Other Temporary Living Situation - In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.	U
Have you moved in the past 3 years to seek work as a paid laborer in any type of farming or fishing? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If you checked any of the options 2, 3, 4 or 5, please answer the following:

How long do you expect to be at this address? _____

Are you seeking permanent housing? _____

Date student moved to this address? _____

Please list names of any brothers/sisters below:

Last Name	First name	School

The undersigned certifies that the information provided above is accurate.

Name of individual filling out form (please print)

Signature

Relation to student

Date

Note: Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, and immunization records. District Liaison will help the student get any necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to other supports/services provided by the district.