

Parma Learning Center funded by Nita M. Lowey, 21st Century Community Learning Centers Grant



GO PANTHERS!

STUDENT APPLICATION GRADES 1- 8

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female

2024-2025 SY child is in grade _____ Teacher, if known: _____

Ethnicity: White-Caucasian Hispanic-Latino African American Native American Asian-Polynesian Other

My child has special needs: No Yes , explain _____ My child has IEP or 504: No Yes

My child needs support in the following: academics English language development social skills

Parent Questions: 1. How do you expect your child to behave in school?

[Empty box for parent response to question 1]

2. What are your goals for your child in school and future in life?

[Empty box for parent response to question 2]

Parent or Guardian Contact Information: Custody: Mother Father Joint other

Mother/Guardian's name: _____

Preferred number: _____ Text: Yes ___ No ___ e-mail: _____

Mailing address: _____ City: _____ State: ID Zip: _____

Physical address: _____ City: _____ State: ID Zip: _____

Father/Guardian's name: _____

Preferred number: _____ Text: Yes ___ No ___ e-mail: _____

Mailing address: _____ City: _____ State: Idaho Zip: _____

Physical address: _____ City: _____ State: Idaho Zip: _____

EMERGENCY CONTACT OTHER THEN ABOVE:

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

BUS _____ Will they ride a bus ? Yes or No

Siblings: Yes No , please list name and grade of siblings that are in school

WALKER: _____ WITH WHO _____

PICK UP? YES No WHO WILL PICKUP?

Note: Please let the PLC Director know if there are any changes in contact information.

Katie Stimpson at 208-779-4069 ext. 1606

***** SEE OTHER SIDE FOR PERMISSIONS AND SIGNATURES *****

2024-2025 Permission Forms

Permissions for _____
(Child's Full Name)

Consent to Share Information:

Use of this form permits the Parma School District, Parma Title One, Parma Learning Center and the State Department of Education to share confidential information and work together in providing services for your student. This information may include test (assessments) results, academic progress reports, disciplinary actions records, IEP conference notes and IEP's medical information pertaining to medical conditions and medications. This information will remain confidential. All personal records are protected by federal and state laws and cannot be disclosed without this written consent, unless otherwise authorized. By signing below, you authorize the exchange of information related to your child and realize this consent is valid until revoked in writing.

Emergency Medical Treatment:

While I expect school authorities to exercise reasonable precautions to avoid injury that may occur, I consent to and authorize the administration and performance of all needed medicines. The administration and performance of all needed medicines, and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergency regarding my child. The school will not be liable for any injury that occurs during participation in the PLC program. Does your child have any chronic conditions or allergies of which staff should be aware?

Yes NO Write them here: _____

Is your child taking any medications that they must use at school? List: _____

Note: If your child develops, or is knowingly exposed to a contagious disease, please notify us. Should your child have a **fever or appear to be ill**, please do not send him or her to the after school program because of the risk of infecting others.

Field Trips, Photo and Publicity: I give my permission for my child to be involved in the following activities:

Yes No During afterschool students will be served a snack/supper. *Note: if you say no, your child won't be served a snack. On Friday sessions, a breakfast snack and lunch will be served onsite. If you select no, your child will need a cold lunch to eat during lunch.

Yes No PLC sponsored field trips, special assemblies, educational programs, and other activities made available to the PLC program.

Yes NO Publication of student's picture, name, or copies of his or her work in school displays, school papers, local newspapers, radio, video, or television. (If NO – please tell your child to **not** be part of group of individual pictures.)

Parent (guardian) signature: _____ Date: _____

OTHER INFORMATION

Student Transportation:

All students enrolled in the PLC program are to ride the bus home **unless written permission from a parent/guardian** is provided to Director or listed above.

You may pick your child, but please make sure that you have checked out your child with the teacher.

NO EXCEPTIONS! While riding the bus, students must obey all the bus rules. Fighting on the bus will result in suspension from the school or PLC program until a conference is held with the student involved, the bus driver, the Program Director, and all parent (guardians of students involved. (Any bus infraction that removes a child from the bus affects the afterschool bus as well.)

Separated or Divorced Parents:

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child (children) UNLESS there is a court order that indicates otherwise. The school must have a copy of the court order on file if either parent does not have the right to seek or pick up a child from school. Otherwise, either parent may pick up the child (children) from school.

This DOES NOT apply This DOES apply and I have documentation that I will provide to the PLC program Director.

Student Discipline Code: Follow 3 personal standards

1. Show Respect
2. Make Good Decisions
3. Be a Problem Solver

All students following the three personal standards will be abiding current school policies for behavior and discipline. Expectations and discipline procedures will be the same as those in the regular classrooms at Parma Schools. Consequences for misbehavior are the following:

Level 1 Verbal warning

Level 2 Written notice with parent signature to return

Level 3 Second written notes with parent signature and call home to set-up a behavior plan agreement between student, parent, and PLC.

Level 4 Students' behavior is jeopardizing the learning or safety and will be dismissed from the program.

Student signature for Code of Conduct: _____ Date: _____

Parent (guardian) signature you have read the Code of Conduct: _____ Date: _____

PLC Staff ONLY Notes: _____ Added student into EZ Report _____ bus _____ walker _____ pickup

Application received date _____ EDUID #: _____

Email sent to: _____ teacher _____ admin _____ transportation, if needed _____ food service