# Student Enrollment Form – Middleton School District #134

Student Information will be filled out at each school for each child entering MSD for both new students and transfers

**FOR OFFICE USE ONLY**

Student ID#: _____ Admission Date: _____ Birth Certificate: YES [ ] NO [ ]

Registration Date: _____ Teacher: _____ Immunizations: YES [ ] NO [ ]

Entering Grade:_____

## Demographic Information

Student's Legal Name:_____

First Middle Last

Preferred Name: _____ Grade: _____ Gender: MALE [ ] FEMALE [ ]

(If applicable)

Birth Date: _____/_____/_____ Place of Birth: _____

**Ethnicity:** (Select one) [ ] Hispanic or Latino [ ] Not Hispanic

**Race:** (Choose all that apply)

[ ] White [ ] Asian [ ] American Indian [ ] Pacific Islander [ ] Black/African American

## Participation in Special Programs - MUST CHECK ONE BOX

If your child was/is receiving services in any of the areas listed below upon leaving their prior school, please check the appropriate box:

[ ] None of these apply [ ] IEP [ ] IHP [ ] 504Plan [ ] Gifted/Talented [ ] ELL/ESL [ ] Other: _____

## Last School Attended *(Out of District Transfers Only)*

Name of School: _____ Grade: _____

Physical Address:

_____

Number Street City State Zip

Phone Number: _____

Has this student previously attended any of the Middleton Schools? [ ] Yes [ ] No

Has this student been or is in the process of being expelled/suspended? (Circle one) Yes No

If yes, list offense _____

## Transportation

Does this student ride a bus? YES [ ] NO [ ]

If YES: Both Ways [ ] Only to School [ ] Only from School [ ] Bus Number (if known): _____

## KINDERGARTEN REGISTRATION ONLY

Has your child attended a Head Start Program? Yes [ ] No [ ]School: _____ # of Years: ___

Has your child attended a Pre-school? Yes [ ] No [ ] School: _____ # of Years: ___

Is your child currently enrolled in Kindergarten? Yes [ ] No [ ] School:_____

Physical Address:

_____

Number Street City State

## PARENT/GUARDIAN AUTHORIZATIONS

**Please check any of the following that you grant permission for your student to participate in now and in the future:** _____ School Sponsored Field Trips _____ Viewing age appropriate videos

_____ Internet Access ( Handbook for Internet Policy Handbook is available on Website)

_____ Publication of student pictures, names, and/or copies of personal work in school papers, local newspapers, radio, television or posted in local businesses or government buildings.

**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. **Parents, please be prepared to pay for your child's possible medical expenses.**

I have read and understand the above information: _____ Date:_____

**HEALTH/MEDICAL INFORMATION:** Our staff needs to know if your student has current or previous health conditions, which may be serious enough to cause a problem at school.

Does your student have any allergies to food or medicine? Yes ____ No _____If yes, please list below:

_____

Does your student have any serious medical/health conditions such as diabetes, asthma, ADHD etc.? Yes ____ No ____
If yes, please list: _____

Is your student taking any medications? (Prescription or non-prescription) Yes ____ No ____

| Name of medication | Dosage | Reason for taking | Times taken |
|---|---|---|---|
| | | | |
| Name of medication | Dosage | Reason for taking | Times taken |
| | | | |
| Name of medication | Dosage | Reason for taking | Times taken |

Name of child's health care provider _____ Phone: _____

We hereby consent to the treatment of our minor child(ren) 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(ren) while on or adjacent to any school grounds of the Middleton 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(ren). 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. In addition, by signing this form, I authorize the Middleton School District to administer the following over the counter medications if necessary (please initial all that apply):

___ Acetaminophen ____ Ibuprofen ____ Cough Drops ____ Antacid _____ Hydrocortisone 1%

___Bacitracin ____ Medicaine Swab (Bite Sting Relief) ___ Antifungal Cream

Parent/Guardian Signature: _____ Date: _____

# Household Registration Form - Middleton School District #134

**Students in Same Household Attending School** (Students living at the address listed in Primary Household

Name: _____ Grade: ____ School: _____

Name: _____ Grade: ____ School: _____

Name: _____ Grade: ____ School: _____

Name: _____ Grade: ____ School: _____

Name: _____ Grade: ____ School: _____

**Primary Household** (This is the address where the above students reside)

Physical Address: _____
Number Street APT/LOT

_____
City State Zip

Mailing Address: _____
(If different) Number Street APT/LOT

_____
City State Zip

[ ] (Check if Unlisted) Home Phone: _____ County: _____

**Parent or Guardian 1** (This is the primary parent/guardian for the students listed above)

Name: _____
First Middle Last Relationship to Student

Employer: _____ Work Phone: _____
Cell Phone: _____ Email Address: _____

O Family Access
O Email
O Mailings

Please check what is applicable:
[ ] Parent/Guardian [ ] Step-parent [ ] Court Appointed Parent (Documentation required) [ ] Foster Parent
[ ] Legal Guardian by Court (Documentation required) [ ] Other (specify):

**Parent or Guardian 2** (This is either the second parent/guardian or a step-parent living in the same household)

Name: _____
First Middle Last Relationship to Student

Employer: _____ Work Phone: _____
Cell Phone: _____ Email Address: _____

O Family Access
O Email
O Mailings

Please check what is applicable:
[ ] Parent/Guardian [ ] Step-parent [ ] Court Appointed Parent (Documentation required) [ ] Foster Parent
[ ] Legal Guardian by Court (Documentation required) [ ] Other (specify):

Do either Parent/Guardian have Military Affiliation (Branch of Service) _____ Deployment Status: [ ] Active [ ] Inactive

FOR OFFICE USE ONLY

Proof of Residency Verified [ ] or Nonresident Enrollment Form approved: Date _____
Out of District [ ] _____ In-Dist Transfer [ ] _____

**Secondary Household** (This section should be completed if both parents do not live in the Primary Household)

Physical Address: _____
Number Street APT/LOT

_____
City State Zip

Mailing Address: _____
(If different) Number Street APT/LOT

_____
City State Zip

[ ] (Check if Unlisted) Home Phone: _____ County: _____

**Parent or Guardian 3** (This is the primary parent/guardian for the students listed above)

Name: _____
First Middle Last Relationship to Student

Employer: _____ Work Phone: _____
Cell Phone: _____ Email Address: _____

O Family Access
O Email
O Mailings

Please check what is applicable:
[ ] Parent/Guardian [ ] Step-parent [ ] Court Appointed Parent (Documentation required) [ ] Foster Parent
[ ] Legal Guardian by Court (Documentation required) [ ] Other (specify):

**Parent or Guardian 4** (This is either the second parent/guardian or a step-parent living in the same household)

Name: _____
First Middle Last Relationship to Student

Employer: _____ Work Phone: _____
Cell Phone: _____ Email Address: _____

O Family Access
O Email
O Mailings

Please check what is applicable:
[ ] Parent/Guardian [ ] Step-parent [ ] Court Appointed Parent (Documentation required) [ ] Foster Parent
[ ] Legal Guardian by Court (Documentation required) [ ] Other (specify):

Do either Parent/Guardian have Military Affiliation (Branch of Service) _____ Deployment Status: [ ] Active [ ] Inactive

**Emergency Contacts** *Contacts listed below are authorized to pick up my student(s) when necessary

| Name | Relationship | Home Phone | Work Phone | Cell Phone |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If your child is residing with only one parent, and the other parent is living, please list the name of the non-custodial parent below:

Name: _____ Relationship to student(s): _____

Address: _____

Home Phone: _____ Employer: _____ Employer Phone: _____

Please check what is applicable for the non-custodial parent listed above:
[ ] Is allowed to pick up student(s) [ ] Is NOT allowed to pick up student(s) (Documentation required)
[ ] Needs to be advised of P/T Conferences [ ] Needs to receive school mailings

**District Service Survey** *(The following will help determine if you are eligible for additional services)*

Student Name: Date of Birth: Gender:

School Attending: Grade Level:

## Student Residency Survey

| | | |
|---|---|---|
| Do your children live with friends or family members in a home in which their parents/guardians do not live? | [ ]Yes | [ ]No |
| Do your children live with more than one family in a house or apartment? | [ ]Yes | [ ]No |
| Do your children live in a motel, car, or campsite? | [ ]Yes | [ ]No |
| Do your children live in a shelter? | [ ]Yes | [ ]No |

**Home Language Survey**

1. What Language(s) are spoken in the home?_____
2. What language(s) does your student speak most often?_____
3. What languages(s) did your student learn first?_____
4. Which language does your child speak with you?_____
5. Which language do you use when speaking with you child?_____
6. Which language do you want phone calls and letters?_____
7. What is your relationship to the child?_____Mother _____Father _____Guardian
8. Is there any additional information you would like the school to know about your child?

_____

**Official Instructions:** Please forward a copy of this information to your site's ELL staff if any language other than English is indicated.

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: _____

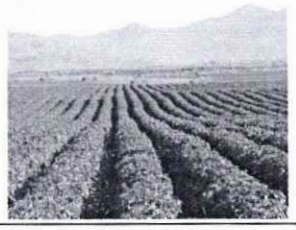
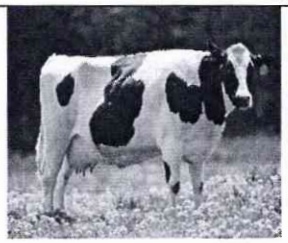
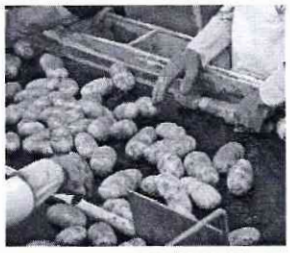
1. In the past three years, has your family lived in another school district? This includes other school districts in Idaho, or another state or country.

   **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:

| | |
|---|---|
|  ☐ **Any Crops** Examples: corn, potatoes, beans, wheat, sugar beets, fruits, hops, alfalfa, etc. or field preparations |  ☐ **Any Livestock** Examples: cattle, pigs, sheep, chickens, dairy |
|  ☐ **Processing agricultural products** Examples: (Sorting, packing, cutting, etc.) onions, potatoes, meat, fruit, trees, etc. |  ☐ **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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Middleton School District**

**STUDENTS**

## INTERNET ACCESS CONDUCT AGREEMENT

This agreement is valid for the 2024-2025 school year only.

| | |
|---|---|
| Student's Last Name: | |
| Student's First Name: | |
| School: | |
| Student's Grade Level: | |
| Student's Graduation Year: | |

**Parent or Legal Guardian:** As the parent or legal guardian of the above named-student, I have read, understand, and agree that my child shall comply with the terms of the District's policy regarding District-Provided Access to Electronic Information, Services, and Networks (District Policy No. 3270) for the student's access to the District's computer network and the Internet.

I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's responsibility for abiding by the policy. I am, therefore, signing this Agreement and agree to indemnify and hold harmless the District, the trustees, administrators, teachers, and other staff against all claims, damages, losses, and costs, of whatever kind, that may result from my child's use of his or her access to such networks or his or her violation of the District's policy.

Further, I accept full responsibility for supervision of my child's use of his or her access account if and when such access is not in the school setting. I hereby give my child permission to use the building-approved account to access the District's computer network and the Internet. Should my child commit any violation or in any way misuse access to the District's computer network or the Internet, I understand and agree that my child's access privileges may be revoked and school disciplinary action may be taken against my child.

| | |
|---|---|
| Date: | |
| Parent/Guardian Name (Print): | |
| Parent/Guardian Signature: | |
| Address: | |
| Phone Number: | |

**Middleton School District**

**STUDENTS**

MOBILE COMPUTING DEVICE AGREEMENT

This agreement is valid for the 2024-2025 school year only.

| | |
|---|---|
| Student's Last Name: | |
| Student's First Name: | |
| School: | |
| Student's Grade Level: | |
| Student's Graduation Year: | |

**Parent or Legal Guardian:** I have read the District Policy No. 3275 and the MSD 1:1 Laptop Handbook and have explained it to my child. I understand that if any violation or misuse of the device occurs while it is in my child's custody, his or her access privileges to the Internet or use of a mobile computing device can be suspended or terminated and that he or she may face other disciplinary measures, regardless of whether the misuse was committed by him or her or by another person.

As the parent/guardian of the above student, I understand my child's responsibility in the use and care of the device and my financial responsibility in the event my child loses the device or is found to be the cause of deliberate or negligent damage to it. I understand that if he or she is found to be responsible for deliberate or negligent damage or for the loss of the device, I will be financially responsible for reasonable repair/replacement cost. I also understand that I will be responsible for monitoring my student's use of the device outside the school setting.

My child accepts full responsibility for the proper use and safeguarding of the device under all applicable policies for this school year. I understand that it is my child's responsibility to immediately report any damage, theft, or problems with the device to the Help Desk (Grades 6-12) or the teacher (Grades K-5).

I have checked the appropriate box below indicating whether or not my child may bring his/her laptop off campus for educational purposes. If you choose NO, your child will use the "check-in/check-out" option. They will pick their laptop up in the morning and return it at the end of each school day.

_____ **Yes**, my child may bring the school-issued device off campus for educational use.

_____ **No**, my child may not bring the school-issued device off campus but will instead use the "check-in/check-out" option.

| | |
|---|---|
| Date: | |
| Parent/Guardian Name (Print): | |
| Parent/Guardian Signature: | |
| Address: | |
| Phone Number: | |

**Middleton School District No. 134**

STUDENTS 3570F2

Permission to Use Likeness

I hereby authorize Middleton School District permission to use my likeness in a photograph, image, motion picture, video recording, and/or sound recording, for use in any and all of its publications, including website entries, social media or to otherwise publish, circulate and disseminate said photographs, images, motion pictures, video recordings, and/or sound recordings or any duplication or facsimile thereof for any lawful purpose they deem proper. I recognize and consent that my name may or may not be attached or utilized in relation to the publication of any such photograph, image, motion picture, video recording, and/or sound recording and consent to the same.

By making such authorization, I hereby relinquish and assign to Middleton School District all right, title and interest I may have in the photographs, images, motion pictures, video recordings, and/or sound recordings, negatives, reproductions or copies, including, but not limited to, the right to copyright the same used by them. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or voice appears; and waive any right to royalties or other compensation arising or related to the use of such photographs, images, motions pictures, video recordings, and/or sound recordings.

I understand that Middleton School District and their employees, agents, officers, and owners cannot warrant or guarantee that any further dissemination of my image or voice will be subject to control by Middleton School District. I hereby hold harmless and release and forever discharge Middleton School District and their employees, agents, officers and owners, from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons action on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release and assignment before signing below and I fully understand the contents, meaning, and impact of this release.

Signature: _____ Date: _____

Printed Name: _____

If the person signing is under age 18, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or legal guardian of _____. I have read the foregoing release and assignment before signing below and I fully understand the contents, meaning, and impact of this release, and do hereby sign and authorize said release and assignment on behalf of the minor child named above.

Parent/Guardian/s Signature: _____

Date: _____

Parent/Guardian's Printed Name: _____

Student's Printed Name: _____