

Welcome To Post Falls High School

Post Falls High School
Counseling Center
2832 E Poleline Ave.
Post Falls, ID 83854
Phone: (208) 773-5411
Fax: (208) 773-8878



Registration Information

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

- 1) Completed Registration Packet
Please print and complete the attached registration forms below.
- 2) Copy of Birth Certificate
- 3) Immunizations
- 4) Transcript and/or Withdrawal Grades
- 5) Discipline record from previous school.
- 6) Proof of Post Falls residency (current utility bill or lease/purchase agreement)
- 7) Copy of IEP & Special Education Evaluation or 504 plans if applicable.

After turning in registration information to the counseling center, a meeting with your student's counselor will be scheduled to review credits and develop a course schedule.

Listed below are counselors according to student last name:

Shavon Harris	(Students A-D)	shavon.harris@sd273.com
Nicole LaPlante	(Students E-K)	nicole.laplante@sd273.com
Kristin Hagadone	(Students L-Ra)	kristin.hagadone@sd273.com
Kelsey Lee	(Students Rb-Z)	kelsey.lee@sd273.com
Denise Edmonds	Registrar	denise.edmonds@sd273.com
Trissha Siler	Counseling Secretary	trissha.siler@sd273.com

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 _____

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 _____

Siblings:

Name _____

School/Grade _____

MILITARY CONNECTED

Is the student a dependent of a member of the United States military serving *active duty* in the Army, Navy, Air Force, Marine Corps or Coast Guard? _____ yes _____ no

Is the student a dependent of a part-time or full-time member of the National Guard, or Reserve Force of the United States military (Army, Navy, Marine Corps, or Air Force)? _____ yes _____ no

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 _____

My child may receive acetaminophen (Tylenol) and/or ibuprofen (Advil) as needed in the office Yes _____ No _____

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 _____



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:

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

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



POST FALLS
SCHOOL DISTRICT #273

PFSD McKinney-Vento Housing Questionnaire 2024-2025

The answers to the following questions can help determine the services the student(s) may be eligible to receive under the McKinney Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness.

If you own/rent your own home AND are the student's parent or legal guardian, you do not need to complete this form.

If you do NOT own / rent your own home, please continue with the form:

Where is/are the student(s) listed below currently living? Please check all that apply below.

- Staying in an emergency, transitional or confidential shelter
- Staying in a motel or hotel due to lack of alternative adequate accommodations
- Staying in the housing of other persons due to financial hardship (examples: loss of housing, economic hardship or similar reason)
- Moving from place to place/couch surfing
- A car, park, campsite, abandoned building or similar location
- In substandard housing (no water, heat, electricity, etc.)

Student(s) First and Last Name	M/F	Date of Birth	Grade	School Attending

Please list other children in the family who are **NOT** currently enrolled in Post Falls School District

First and Last Name	M/F	Age	Date of Birth

The undersigned certifies that the information provided above is accurate.

Parent/Guardian/**Unaccompanied Youth (print name): _____ Phone: _____

Current street address _____ Email: _____

City _____ State _____ Zip _____

Emergency contact name: _____ Phone: _____

Signature: _____

Parent/Guardian/Unaccompanied Youth: _____ Date: _____

McKinney-Vento Act 42 U.S.C 11436

Definitions:

The term homeless children and youth means individuals who lack a fixed, regular and adequate nighttime residence.

The term unaccompanied youth indicates a youth not in the physical custody of a parent or guardian.

DISTRICT STAFF: Please scan and email this form immediately to Janelle Baker, Homeless Liaison – janelle.baker@sd273.com, then send the original to Janelle via district mail.

FOR MCKINNEY-VENTO STAFF ONLY:

- Google UAY (Yes or No) Transportation (Yes/No) Skyward Nutrition Email Eligibility Letter

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.

Student Information	Please Indicate Response
Date:	
Student Name	
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 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?

Parent Signature _____ Date _____

Nutrition Services Registration


The Post Falls School District participates in the National School Lunch Program. Meal pricing for this school year is available on the Nutritional Services page on the district website. Your child may be eligible to receive free or reduced price meals. You may qualify if your household's annual gross income is within the limits identified by the Federal Income Eligibility Standards. Please review the chart below for the gross annual income qualifications. Only one application needs to be filled out for the household.

Income Chart (before taxes)

Effective July 1, 2024 - June 30, 2025

Household Size	Annual	Monthly	Weekly
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
For each additional, add:	9,953	830	192

(Gross income is the total income received before taxes or deductions)
(Three options to click)

<p>Scan the following QR Code for a link to our online application</p> 	<p>I have already filled out an application for my household when registering another child for PFSD, school year 2024-- 2025 <input type="checkbox"/></p>	<p>No, I do not qualify <input type="checkbox"/> at this time for Free & Reduced meals.</p>
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Please note: that you are required to fill out a new application each school year. The application for school year 2024-2025 must be completed/dated after July 1, 2024.

2024-2025 School meal pricing and charge policy:

Grade Group	Breakfast	Lunch
K – 5	\$2.05	\$3.25
6 – 8	\$2.30	\$3.55
9 – 12	\$2.30	\$3.70
Adult and Second Meal Price	\$2.85	\$4.95
Milk	\$0.60	\$0.60

Payments can be made at the school, mailed to the Nutrition Services office, or paid through our RevTrak online payment system.

For instruction on setting up your RevTrak account, see the attached document.

Student Meal Debt Policy

Board Policy 505.7a

Students will not be turned away for a meal. If insufficient funds on the student account exist, the parent(s) or guardian(s) will be responsible to pay the charges. **If charges are not paid, a legally liable debt in the parent’s or guardian’s name will accrue. The parent(s) or guardian(s) may arrange a payment plan. Any balance of \$100 or more will be considered delinquent.**

Parents or guardians who do not wish for their child to accrue unwanted meal debt in their (parent/guardian’s) name must select the “opt out” option below. If a student has a form on file, the student will be notified by staff that their parent or guardian has not allowed the student to be served.

I have read and understand the above school meal pricing, policy and debt procedures.

Registered PFSD student name(s) - please print: _____

Signature: _____

Date: _____

Opt out: I do not give permission to the Post Falls School District to provide my student with paid meals or accumulate any meal debt under my name. If my student requests a meal, he/she will be informed that his/her parent or guardian does not allow him/her to charge a school meal. If my child does not bring lunch to school, I agree to bring lunch to school for my student.

This institution is an equal opportunity provider.



Student Information Network Acceptable Use Policy

1. **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 internet/network must be in support of education and research and consistent with the educational objectives of the Post Falls School District.
2. The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Each student, before being authorized to access the internet/network, will be trained in the proper use of the network. The system administrators, district administrators or teachers will deem what is inappropriate use and their decision is final.
3. **Network Etiquette:** Each use 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 message to others.
 - B. E-mail is not guaranteed to be private. Within a school district, e-mail may be considered public information. There is no guarantee of confidentiality.
 - C. Do not use the network in such a way that the use of the network is disruptive to by others.
 - D. All communications and information accessible via the network should not be considered private.
 - E. Connection of personal computing devices to the district's network are covered under the same conditions as district property. Staff and students who engage in activities that violate the terms and conditions are subject to cancellation of network privileges on both personal and district equipment.
 - F. Access to information from outside the district, whether stored directly on district servers or on servers outside the district contracted to house information, is covered by the same terms and conditions of the district's internet contract. Abuse of the services provided will result in termination of network privileges inside the district and outside.
 - G. Use of any type of application or service designed to bypass district filtering or security settings will result in immediate suspension of network and internet privileges and could included further action by district administrators. This included anything brought into the district on personal storage devices.
 - H. Logging in with another user's credentials is a violation of security on the district network and will result in immediate suspension of network and internet privileges.
4. **Security:** Security on any computer system is a high priority, especially when the system involves hundreds of users as ours does. 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.

Acceptable Use Agreement

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

User Signature: _____ Date: _____

Print Name: _____

Parent or Guardian (If the student is under the age of 18, a parent/guardian must also read and sign this agreement).

As the parent/guardian of this student, I have read this district's policy entitled Information Network Terms and Conditions. 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.

Parent or Guardian (please print): _____

Signature: _____ Date: _____

User's Full Name: _____

School: _____ Grade: _____

Section Title: Information Network Acceptable Use
Applicable Procedure Regulations: 508.9a, 508.9b
Adopted: 2/12/96
Revised: 9/12/11
Reviewed: 2017, 2021

Post Falls School District #273

Post Office Box 40
Post Falls, Idaho 83877-0040
Phone (208) 773-5411
Fax (208) 773-8878

AUTHORIZATION TO RELEASE INFORMATION

To: _____ Date _____
Address _____ Name: _____

DOB _____ Grade _____

I hereby authorize the release of all the following information you hold in your files regarding my student:

- ▶ Cumulative Records
- ▶ Health Records
- ▶ Special Education Records:
 - *Include I.E.P.
 - *Eligibility Summary
 - *Testing Results (I.Q., Academics)
 - *Psychological Records
- ▶ Achievement Tests
- ▶ Other: _____

Please release to:

REGISTRAR
Post Falls High School
P.O. Box 40
2832 E. Poleline Ave.
Post Falls, Idaho 83877

Email: denise.edmonds@sd273.com

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 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.

Signature: _____
Parent/Guardian/Student eighteen years or over

****Office Use Only****

Requested by School Official
if Parent is not available.

School Official

Title