



Plummer-Worley Joint School District No. 44

Home of the Knights

Family Information:

Parent Name:		Parent Name:	
Cell Phone	Work Phone	Cell Phone	Work Phone
Email	Employer	Email	Employer
Mailing Address	Street Address	Mailing Address	Street Address
City & Zip	City & Zip	City & Zip	City & Zip

Emergency Contact Information

Please list three (3) emergency contacts other than the parent/guardians listed above.

Name & Relationship	Address	Phone	Ok to pick up Yes No
Name & Relationship	Address	Phone	Ok to pick up Yes No
Name & Relationship	Address	Phone	Ok to pick up Yes No

Persons not listed on this form will not be allowed to take your child from school or to get them out of class for any reason. NO EXCEPTIONS! If circumstances change, please contact the school office immediately so this list may be updated.

Student Residency and Household Information

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and support for children and youth experiencing homelessness. (Please see reverse side for more information)

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below.

Where does the student stay at night? Please circle one:

- | | |
|---|--|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) |
| <input type="checkbox"/> In someone else's house or apartment with another family | <input type="checkbox"/> Other: Other details |

If you live somewhere other than a home you own or rent, does your student need assistance with any of the following? (please circle)

Transportation Clothing Health Care Hygiene Products After School Program Homework Assistance

Informational Emails

Do you wish to receive weekly emails from the school with updates and activities?	Yes	No
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Home Language Survey

What languages are spoken in your home?	What language did your children learn first?
What language do your children speak most often?	What language do you use when talking to your children?
What language do you prefer for phone calls and letters?	What language does your child use when talking with friends?

Signature _____ Date: _____

Student Information:

Please complete a separate form for all students residing in your household

Student Name	Grade Level	Date of Birth
Student Resides with:	Mother	Father
	Other Relative	Guardian
If Guardian or Other Relative, what is your relationship to the student?		
Do you have legal custody via a court order? If so, please provide a copy of the court order		
Is there anyone who is not allowed to see your child while at school? If you are denying access or information to a natural parent, the school must have an official copy of the court order.		
Federal Reporting Survey		
The following information on ethnicity and race is required for federal reporting. If you choose not to answer, district personnel will be required to make a selection on your behalf. <i>(Note: Both Part A and Part B of the question must be answered.)</i>		
Part A:		
Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.) (Choose only one)		
Yes, Hispanic/Latino No, not Hispanic/Latino		
The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.		
Part B: What is the student's race? (Choose all that apply)		
<input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment). <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam). <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa). <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands). <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).		
Military Connection		
Does this student and/or parent have a connection to the military? If so, please select from the following:		
<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard or Reserve		

Permission for Activity/Media Release/Routine Health Screenings

From time to time, students may participate in certain activities relating to their educational program or optional public health screening/program. Please respond to each statement below by circling the appropriate response. These permissions will remain in effect for the duration of the school year unless revoked in writing. Please initial here: _____		
I permit my child to participate in routine field trips. Transportation on field trips may include walking or the school bus.	Approve	Disapprove
I permit the use of my child's name and/or photograph for various purposes including small group presentations, local media publications, program brochures, district website or brochures, and related classroom uses.	Approve	Disapprove
I permit my child's participation in routine health screenings which may be performed by Panhandle Health or Marimn Health, i.e., scoliosis, vision, hearing, etc.	Approve	Disapprove

If you are new to the district, please provide the following information:

Name and location of previous school		
Was your child involved in any special programs, i.e., Gifted/Talented, Special Education, Dual enrollment, Migrant, etc. Please be specific		
Does your child have an IEP? Yes No	Does your child have a 504 Plan? Yes No	
Are you, your child, or your child's grandparent(s) enrolled in an Indian tribe? Yes No		
If yes, and this is the first time enrolling in the district, or if you have recently received a tribal enrollment number for your child, please complete the attached "506 Form" at the end of this packet.		

Student Transportation and Release

(208) 686-1714 Office

(208) 686-1741 Fax

(208) 582-0057 Director Cell

Personal Transportation

Will your student be driving a vehicle to school? Yes No	
If so, please provide a copy of the Student's Driver License and Copies of ALL the related Insurance Information:	
Student Driver's License No.	Vehicle Make/Model/Year
Vehicle's License Number	Registered Owner
Policy Number	Insurance Company

I certify that the above information is true. I agree that being able to operate and to park a vehicle on school property is a privilege conditioned on willingness to have that vehicle subject to search by school authorities at any time the vehicle is on school property when, in the judgement of the building administrator, a reasonable suspicion of a violation of Idaho law or District policies or rules exists. I also understand that it is my responsibility to obey the speed limit on school grounds, to operate the car safely going to/from school and school events, to park in designated areas, and to maintain legally required insurance on the vehicle. Finally, I understand that any violation of this agreement or other school rules can lead to the revocation of all parking privileges. I further understand that motor vehicles in violation of the District's Student Vehicle Parking policy may be subject to towing.

School Transportation

Student's Name	Grade	Home Address
Parent Phone <i>(Please list All Numbers)</i>		
If your student will ride the bus to or from school, please list the pickup/drop off location if different from your home address:		
Pickup Location:		
Drop Off Location:		
Alternate Pickup Location:		
Alternate Drop Off Location:		
Please list anyone other than the parent/guardian who has permission to pick up your student from the bus, i.e., babysitter, friend's parent, etc. Include name and phone number for each person listed:		
Name/Relationship to Child	Phone	
Name/Relationship to Child	Phone	
Name/Relationship to Child	Phone	
People not listed on this form will not be allowed to take your child from the bus for any reason. NO EXCEPTIONS! If circumstances change, please contact the school office in writing immediately so the list may be updated.		

NOTICE CONCERNING STUDENT INJURIES

Even with the greatest precautions and closest supervision, accidents can and do occur. They are a fact of life and a part of the growing process for children. 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 district does not provide medical insurance to pay for medical expenses when students are injured at school or during school activities. This is the responsibility of the parents or legal guardians. The district carries only legal liability insurance.

Parents should always be prepared to pay for any medical expenses incurred at school or a school activity.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

If your child becomes ill or is injured at school or a school activity, every effort will be made to contact you. There are, however, times when it is not possible to contact a parent or guardian.

Emergency Medical Authorization

In the event reasonable attempts to contact me are unsuccessful, I (We), the undersigned parent/legal guardians' of _____, do authorize any hospital, clinic, or licensed physician to treat my/our child and administer any x-ray examination, anesthetic, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of the hospital, clinic, or office.

Child's Full Name: _____ Date of Birth: _____

Medications: _____ Allergies: _____

Preferred physician: _____ Phone: _____

Preferred dentist: _____ Phone: _____

Preferred hospital: _____

Please list additional medical information, special instructions, eye contacts, allergies, asthma, etc.:

If your child requires medication to be administered at school, please contact the building secretary for additional forms and information.

In the event the designated preferred practitioner is not available, we authorize in advance another licensed physician or dentist the authority and power to render care in his/her best judgment and the transfer of the child to any hospital reasonably accessible. It is also understood that every effort shall be made to contact the parent/legal guardian prior to rendering treatment to the patient, but that treatment will not be withheld if the parent/guardian cannot be contacted. Permission is also granted for the chaperone to provide emergency treatment to my/our child prior to his/her admission to any medical facility. I further authorize the chaperone to assist in the self-administration of anti-inflammatory nonprescription pain medication (i.e., aspirin, Acetaminophen, Ibuprophen, etc.) provided by the student.

Signature of Parent/Guardian _____ Date: _____

CONSENT TO RECEIVE IMMUNIZATION INFORMATION

2024-25 School Year

As a part of school enrollment, we require an immunization record. Marimn Health will release records to the district if they have received written authorization from the parent. If you would like the district to receive immunization records directly from Marimn Health, please sign the authorization below:

I hereby authorize Marimn Health to provide a copy of all immunization records for _____ to the Plummer Worley Joint School District.

Signature of Parent/Guardian _____ Date: _____

INTERNET ACCESS CONDUCT AGREEMENT

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the Plummer-Worley Joint School District's policy regarding District-provided Access to Electronic Information, Services, and Networks (Policy No. 3270). Should I commit any violation or in any way misuse my access to the District's computer network or the Internet, I understand and agree that my access privileges may be revoked, and school disciplinary action may be taken against me.

User's Name (Print) _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Status: Student ____ Staff ____ Patron ____ I am 18 or older ____ I am under 18 ____

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent or Legal Guardian. *(If the applicant is under 18 years of age, a parent/legal guardian must also read and sign this agreement.):* 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 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.

Parent/Guardian (Print) _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

This Agreement is valid for the _____ school year only.

For more information about safe and responsible use of technology and information, please check out Common Sense Media resources for families and students:

<https://www.common sense media.org/educators/connecting-families/share>



Coeur d'Alene Tribe
 Department of Education
 1115 B Street
 P.O. Box 408
 Plummer, Idaho 83851
 208.686.1800 Fax 208.686.5804

Parent Authorization for Student Participation and Consent for Release of Information

Student Name: _____ **Grade:** _____

Tribal Affiliation (If applicable): _____ **Enrollment Number:** _____

Phone #1: _____ **Phone #2:** _____ **Email:** _____

Mailing Address: _____

The Coeur d'Alene Tribe's Department of Education would like to offer your child the opportunity to participate in these programs while they attend school in the Plummer-Worley School District:

1. Johnson O'Malley (JOM) program ensures that students in grades 7-8 are prepared for transition to high school, and in grades 9-12, students are prepared to pursue high school graduation.
2. Native Youth Community Project (NYCP) primary goal is to help prepare all students for college and or a career in middle school grades 5-8 and high school grades 9-12.
3. Native American Career and Technical Education Program (NACTEP) provides training and funding for pre-college academics and career planning for all students in grades 9-12 for two-year post-secondary professional technical programs, two-year academic degrees, and preparation for life after high school.

Participants have the opportunity to receive academic/career counseling, one-on-one academic assistance, and participate in college and career readiness events throughout the year in order to establish a plan for academic success.

In order to establish a mutual exchange of educational information regarding your child, the Coeur d'Alene Tribe Department of Education requests permission to access and/or provide services as listed below:

- Official and unofficial transcripts
- Local and state assessment scores
- Attendance records
- Current class schedule
- IEP & Consultation **Only released to Family Engagement Specialist (Tami Dohrman)*
- Skyward Qmlativ Student Management
- Field trip or Summer Internship (permission to transport)
- Video & photos release to promote CDA Dept. of Ed Services
- We may refer student for vocational rehabilitation or social/emotional services

FERPA (Privacy Act)

The Family Education Rights and Privacy Act (FERPA) is a federal privacy law that affords parents the right to have access to their children's education records, seek to have the records amended and consent to the disclosure of personally identifiable information from education records, except as provided by law.

By completing and returning this document, I am authorizing the Coeur d'Alene Tribe's Department of Education to access Lakeside School reports or records of my son/daughter in order to establish a plan for academic success. I understand that this information is considered a student education record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Education Rights and privacy Act (FERPA), and that the information will be used confidentially by DOE staff to support educational success of my child. I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form.

Family Skyward Username: _____ **Family Skyward Password:** _____

Student Signature: _____ **Student Printed Name:** _____ **Date:** __/__/__

Parent/Guardian Signature: _____ **Parent/Guardian Printed Name:** _____ **Date:** __/__/__

Tribal Affiliation (If applicable): _____ **Enrollment Number:** _____

If you have any questions regarding these programs, please feel free to contact the one of the following high school advisors:

Justin Marsh
 PH: (208) 686-0803
 email: justin.marsh@cdatribe-nsn.gov

Julie Poynsenby
 PH: (208) 686-0405
 email: julie.poynsenby@cdatribe-nsn.gov

Alex Johnson
 PH: (208) 686-1855
 email: alex.johnson@cdatribe-nsn.gov

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____