Lakeside Middle School
Student & Parent Handbook
2024-2025

School Contact Information

Phone: (208)686-1937
Fax: (208)686-2207
Website: https://www.pwsd44.com

DISTRICT CALENDAR & LAKESIDE MIDDLE SCHOOL STAFF

Plummer-Worley School District
2024-2025

July 24

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

	School Hours	Breakfast
Grades PreK-5	7:55 to 3:00	7:30 to 7:50
Grades 6 - 8	7:55 to 3:04	7:30 to 7:50
Grades 9-12	7:55 to 3:04	7:30 to 7:50

August 24

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 24

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 24

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 24

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 24

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 25

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 25

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March 25

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 25

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 25

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June 25

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Special Evening Events

Grades PreK-5		Grades 6 - 8	
Open House	Aug 29	Open House	Aug 29
Winter Concert	Dec 19	Family Night	Dec 11
Dr. Suess Night	Mar 5	Music & Art Fest	Apr 17
Music & Art Fest	Apr 17	STEM Night	May 15
STEM Night	May 15	8th Grade Promot.	Jun 4

Grades 9-12	
Freshman/New Student Orientation	Aug 27
Academic Awards	Apr 10
Music & Art Fest	Apr 17
Senior Awards	May 29
Graduation	May 31

Adopted April 8, 2024
Revised August 12, 2024

Events

Aug 12	Jump Start 8/12 to 8/22	
Aug 26	Staff Meetings/Work Days All Week	
Aug 27	Freshman Orientation	5:00 - 7:00 pm
Aug 29	PreK-8 Open House	5:00 - 7:00 pm
Sep 03	First Day of School for Students	
Sep 27	No School (PD) - Native Amer. Day	
Oct 17	Lights On After School - Success Center	
Oct 25	No School (PD) - Water Potato Day	
Oct 31	Halloween Parade	
Nov 04	Parent/Teacher Conf	4:00 - 7:30
Nov 06	Parent/Teacher Conf	4:00 - 7:30
Nov 07	Parent/Teacher Conf	4:00 - 7:30
Nov 08	Early Release (PD)	
Nov 11	No School - Veteran's Day	
Nov 22	End of First Trimester	
Nov 25	Staff Work Day	
Nov 25	No School All Week for Thanksgiving	
Dec 11	Middle School Family Night	
Dec 19	Winter Program	6:00 pm
Dec 20	Early Release for Students and Staff	
Dec 23	Winter Break Begins	
Jan 06	School Resumes	
Jan 17	Early Release (PD)	
Jan 20	No School - Martin Luther King Jr Day	
Feb 17	No School - President's Day	
Feb 21	Early Release (PD)	
Mar 05	Reading Night at LES	5:00 - 7:00
Mar 06	Green Eggs & Ham Breakfast at LES	7:30
Mar 07	No School (PD) - End of Second Trimester	
Mar 26	Early Release - PT Conferences until 7:30	
Mar 27	Parent/Teacher Conf	11:45 to 7:30
Mar 28	No School	
Mar 31	Spring Break Begins	
Apr 07	School Resumes	
Apr 10	High School Academic Awards	
Apr 17	Music & Art Festival	5:00 - 7:00
Apr 18	Early Release (PD)	
May 15	STEM Night - PreK-8	5:00 - 7:00
May 23	No School	
May 26	No School - Memorial Day	
May 29	Senior Awards	
May 31	High School Graduation	2:00 p.m.
Jun 4	8th Grade Promotion	5:30 p.m.
Jun 5	Last Day of School - Early Release	
Jun 9	Success Summer Program Begins	

6th-8th Grade Science: Khrist Rojas
6th-8th Grade Social Studies: Michael Johnson
6th-8th Grade Math: Jennifer MacMillan
6th-8th Grade English-Language Arts: Heather Cummins
6th-8th Grade Special Education: Joan Reynolds
6th-8th Grade Learning Support Teacher: Norma Campbell

LAKESIDE MIDDLE SCHOOL BELL SCHEDULE

Regular Bell Schedule		
1st	7:55-8:58 am	63 mins
2nd	9:02-10:05 am	63 mins
3rd	10:09-11:12 am	63 mins
Lunch	11:12-11:42 am	30 mins
4th	11:46-12:49 pm	63 mins
5th	12:53-1:56 pm	63 mins
6th	2:00-3:03 pm	63 mins

Early Release Schedule		
1st	7:55-8:41am	46 mins
2nd	8:45-9:26 am	41 mins
3rd	9:30-10:11 am	41 mins
4th	10:15-10:56 am	41 mins
5th	11:00-11:41 am	41 mins
Lunch	11:45-12:15pm	30 mins
6th	12:19-1:00pm	41 mins

JUNTOS: 8th GRADE

About Juntos 4-H
The Juntos (pronounced "Who-n-toes") which means "Together" in Spanish, was initially designed to help Latino youth (8^{th}-12^{th}) and their families navigate the social and academic stresses that can inhibit youth's successful transition to high school and higher education. The success of this national program has led the University of Idaho and Washington State University to partner with the founders, North Carolina State University, to serve communities and youth living on Native American Reservations.

Research shows that youth are at greatest risk for dropping out of school between the 9th and 10th grades. This program reduces this risk by empowering youth in 8th grade by helping them build a peer and adult support network as they transition into high school. The mission of Juntos is to help youth achieve high school graduation and pursue higher education by uniting community partners to provide students and their families with knowledge, and resources to make higher education a family goal.

Juntos 4-H on The Schitsu'umsh Reservation

4-H extension educators and partners will provide:
1) Teen/family monthly workshops beginning October 2022
2) Teen 4-H clubs such as Idaho 4-H Know Your Government and community activities, Mondays, Wednesdays, and Thursdays
First Hour
3) One-on-one success coaching and mentoring with community and regional partners
4) Campus visits to introduce requirements for careers such as the annual Idaho 4-H State Teen Association Convention on the University of Idaho Campus in June

Reasons Why:

Outcomes:

- **Improved Grades**
- **Confidence of High School Graduation**
- **Highest Level of Education Sought**

Contact:
Cheryl Lockard, Associate Educator
University of Idaho Schitsu'umsh Reservation Extension
clocard@uidaho.edu
208-686-1716 |

BEVERAGES

In an effort to promote the health and well-being of all students, there will be no energy drinks of any kind allowed at LMS once the first bell rings.

BULLYING & HARRASSMENT

Lakeside is committed to a safe and civil school environment for students to achieve academic success. Harassment, intimidation, and bullying are major distractions from a school setting. Harassing, teasing, intimidating, threatening, or cyber bullying will not be tolerated and will be dealt with by the middle school administration and the law enforcement.

CAFETERIA POLICY

The school district provides free school breakfast and lunch for its students.
The lunchroom is a place where good human relations can be developed. Each student is expected to practice the general rules of good manners. Students may bring their own lunches to school. Some simple rules of courteous behavior are:

- Observe good dining habits.
- Leave area clean and orderly
- Return tray to proper area
- Place trash in the garbage receptacle

Breakfast is served each school day before first period.

CELL PHONES AND OTHER ELECTRONIC DEVICES

Although Lakeside Middle School (LMS) recognizes the importance of technology in the educational setting, electronic communication devices, like cell phones, pose a significant distraction to the learning environment. A growing body of evidence suggests that student access to cell phones and other electronic communication devices is detrimental to students' emotional well-being and academic growth. Therefore, the use of electronic communication devices at school is prohibited, unless otherwise noted in this policy.

DEFINITIONS For the purposes of this policy, the following definitions will apply:

- **Device:** All personal electronic communication devices including, but not limited to, the following personal devices and accessories used for communication and entertainment: cell phones, smartphones, smartwatches, earbuds, headphones, video recording devices, personal digital assistants (PDA), iPods, iPads, laptop computers, tablet computers and other similar electronic devices.
- **School Day**: From the official school start time to the end of the day school dismissal, including class periods, passing periods, lunch periods, and assemblies.

DURING THE SCHOOL DAY Students must keep their Devices powered off, out of sight, and not on their person while on school campuses for the duration of the School Day. Student devices should be kept in their locker or with a teacher. To be clear, students may use district-issued devices (i.e. laptops) during the School Day.

CONSEQUENCES: If a student's Device is visible, stored on their person, or turned on during the School Day, the device will be confiscated by a LMS employee. 1st offense: the devise may be retrieved from the school's front office. 2nd Offense: a parent/guardian must come and retrieve it from the front office. 3rd Offense: a meeting will be set up with administration to discuss an action plan moving forward.

COMMUNICATION WITH PARENTS/GUARDIANS: Parents/guardians should not expect to communicate directly with their children using their Devices during the School Day. Parents who need to communicate with their child in the case of an emergency should call the school office and communicate with school personnel about the nature of the emergency. As appropriate, this will then be communicated to the student impacted by the emergency. If necessary, students may request permission from a teacher, front office staff member, or other

member's acceptance in the class shall run for the entire school year. ASB members must reapply for admittance at the end of each school year.

In addition to the code of conduct outlined, a student who serves as an elected student government officer at Lakeside will be held to the expectations of the extracurricular code of conduct.

DISPLAY OF AFFECTION

Excessive physical contact and/or public displays of affection are not acceptable on school grounds, on school buses, or at school activities. Violations will be dealt with through parent phone calls, detentions, in-school suspensions, and out-of-school suspensions. School administrators will make the final determination as to what constitutes excessive.

DRESS CODE GUIDELINES

The responsibility for proper dress and grooming resides primarily with the student and student's parents/guardians. The school may impose a dress code to preserve the safety of students, to minimize the disruption of the educational process and to prevent a threat to the learning environment.

Students are to dress in clothing that is clean and in a manner that would satisfy and be acceptable to future employers. Personal grooming is an expression of inner attitudes and is a part of any recommendation to employers. For certain vocational programs or laboratory classes at Lakeside, protective clothing that is appropriate in employment is required to be worn in the class period.
In general, the following provides reasonable dress guidelines which students are expected to follow:

- Shirts must cover the chest and back; the neckline and backline cannot fall below the armpit line.
- All undergarments are covered.
- Clothing, head coverings, and jewelry displaying words or pictures that represent alcohol, tobacco, drugs, gangs, weapons, vulgarity, or a topic that would be inflammatory or offensive is not permitted. Clothing brands that have ties to drug use will not be permitted.
- Students will not be allowed to wear hoods on their heads during school hours due to safety concerns.

DROPPING OFF/PICKING UP STUDENTS

For the safety of all students and staff, please do not go beyond the street closed signs. You may pick up and drop off your child/ren in front of the main high school building.

DRUG FREE ZONE

Idaho State Law 37-27398, provides for a fixed MINIMUM SENTENCE of 5 YEARS OF CONFINEMENT in drug trafficking convictions within a 1,000-foot radius surrounding the property of a public or private, elementary, or secondary school, or in those portions of any building, park, stadium, or structure or grounds which were, at the time of the violation, being used for any activity sponsored by or through such a school as stated in the District Discipline Policy. Students possessing, using, or being under the influence of any drug, illegal substance, alcohol, or any intoxicant of any kind:

student will return their laptop to the school. Any misuse of the laptop during the school year will be referred to administration for discipline. Any laptop damage will result in a fine as determined by the District Technology Director.

LEARNING SUPPORT TEACHER

Mrs. Norma Campbell will be our 6-8th grade learning support teacher. She is instrumental in helping students stay on track in each class. She also provides support for them if they are falling behind, and collaborates with teachers on helping students achieve success in middle school.

LOCKERS

Each student will be assigned a school locker for books, etc. and are expected to use it. No backpacks will be permitted in classrooms or hallways. Physical education lockers will be provided to students enrolled in a physical education class. It is the student's responsibility to keep the locker closed. The district is not held liable for any stolen items, including electronic devices. The school reserves the right to search all student lockers as part of the routine school inspection procedure.

MAKE-UP WORK

Because it is extremely difficult for students to complete assignments without teacher directions and assistance, we encourage students to gather make-up work upon their return from their teachers. In an attempt to establish a consistent policy regarding make-up work, all students will receive the number of school days they are absent plus one additional school day to complete and turn in make-up work.

EXAMPLES:

- Student misses Tuesday -- work due Friday.
- Student misses Wednesday & Thursday -- work due the following Wednesday.

It will be extremely important for students to meet with their teachers at lunch, or right after school for assistance in completing missed work. It is our hope this procedure will enable our students to successfully complete missed assignments in a timely fashion.

PARENT-TEACHER CONFERENCES

Nov. 4th, 6-7th Evening Parent/Teacher Conferences
Mar 26th & 27th No School – Parent Teacher Conferences

PERSONAL SEARCHES OF STUDENTS

A student's person and/or personal effects (purse, book bag, etc.) may be searched whenever a school official has reason to believe that the student is in possession of illegal or unauthorized materials.

SAFETY DRILLS

Safety drills are required at regular intervals by law and are an important safety precaution. It is essential that when the first signal is given, everyone obey promptly all instructions and when necessary clear the building by the prescribed route as quickly as possible. Students are to remain outside the building until a signal is given to return to the building.

STUDENT RECORDS

Students and parents/guardians may have access to student records upon request to the principal.

TARDY POLICY

A student is tardy if he/she is not in his/her assigned classroom and ready to work when the bell rings, indicating the start of each class period. Excessive tardiness will not be tolerated and will have the following consequences, but not be limited to lunch detention, detention, I.S.S., Parent Shadow and/or out-of-school suspension.

TOBACCO & ILLEGAL SUBSTANCES

Smoking and chewing tobacco are against the law for people under 21 years of age and carries long-term health risks. This also includes vapor cigarettes or E-cigarettes. The possession and use of tobacco is prohibited at school even if the person is 21 years or older. Violators are subject to I.S.S., or out-of-school suspension and to penalties of the law.

VANDALISM

Vandalism of any type to school or private property will not be tolerated. Any student who damages, disturbs, or destroys school property will be dealt with on an individual basis.

VISITORS AND LOITERING

Students will not be allowed to have visitors on campus while school is in session. Law prohibits loitering in the school building or on the school grounds. Section 33-512: "A person who disrupts the educational process or whose presence is detrimental to the morals, health, safety, academic learning or discipline of the pupils or who loiters in school buildings or on school grounds, is guilty of a misdemeanor."

Food drop-offs are only allowed during lunch & must go through the front office.

AWARDS & HONORS

HIGH HONOR ROLL

Current GPA of 3.8 or higher

HONOR ROLL

Current GPA of 3.0 to 3.79

*GPA for trimester honor rolls will be figured on a weighted GPA scale.

DISCIPLINE POLICIES

AFFIRMATIVE ACTION POLICY STATEMENT

The Board of Trustees of School District #44 commits itself to an Affirmative Action Program that will provide for equal opportunities in educational programs, extracurricular programs, and the delivery of educational services. The intent of the program is to ensure equal educational opportunities to all students within the district and to ensure equal treatment of all employees, recruitment, employment, training, and promoting other personnel practices. The District Affirmative Action Program focuses on all students and employees in the district, with a particular focus on all racial and ethnic minorities, women, those with disabilities, and older

STUDENT/PARENT HANDBOOK & CELL PHONE/ ELECTRONIC DEVICE POLICY AGREEMENT FORM

I have read Lakeside Middle School's "no cell phone/electronic device" policy. I understand students must keep their devices powered off, out of sight, and not on their person while on school campuses for the duration of the school day. Student devices will be kept in their locker or with a teacher. If a cell phone is visible or on the student, I know that it will be seized and turned into the front office. I understand if a cell phone or electronic device is taken during the school day, it will be kept in a secure place until a parent can pick it up from the office.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

STUDENT & PARENT HANDBOOK AGREEMENT FORM

I have read with my guardian, understand, and will follow the guidelines set forth in the Lakeside Middle School Student & Parent Handbook to the best of my abilities.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

REQUEST FOR RECORD

Lakeside Middle School
PO Box 130
1345 E Street
Plummer ID 83861-0130
PH: 208-686-~~2114~~ Fax: 208-686-2118

1937

Student Name: _____Birthdate: _____Grade: _____

Student Name: _____Birthdate: _____Grade: _____

Student Name: _____Birthdate: _____Grade: _____

Student Name: _____Birthdate: _____Grade: _____

Request for records from:

Name of School: _____

Address: _____

Telephone: _____ Fax: _____

Please send all official school records, including but not limited to the following:

- Attendance summary
- Standardized Test
- Discipline Records
- Gifted/Talented Plan/Records
- RTI Data – Is this information available? _____Yes_____No
- Does student have an IEP? _____Yes_____No If yes, IEP or Special Education Records.

*Date of withdrawal/Grades to Date
*Health Records-Including Immunizations
*504 Plan/Records

I/we do hereby give our consent for the release of the above-named school. I/We know that I/we may receive a copy of these records or challenge the content of such records.

Parent/Guardian Signature: _____

Relationship to Student: _____Date:_____

*****Please call immediately if there are any pending disciplinary actions or if the student is currently (or recently has been) on suspension or expulsion. *****

Please fax this information as soon as possible to enable the student to attend school in our district. Please then mail the original file. If you have any questions, please call 208-686-1651.

_____ _____

Kimberly Duncan, LMS Office Manager Date

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:

- ☐ In a motel
- ☐ In a shelter
- ☐ Moving from place to place/couch surfing
- ☐ In someone else's house or apartment with another family
- ☐ A car, park, campsite, or similar location
- ☐ Transitional Housing
- ☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)
- ☐ 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

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. *(Note: Both Part A and Part B of the question must be answered.)*

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)

- ☐ **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.
- ☐ **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).
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa).
- ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- ☐ **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:

☐ Active Duty ☐ 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 (*Please list All Numbers*)		
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.commonsensemedia.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 _____

OMB Control No. 1810-0021 (Exp. 06/30/2026)

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 _____

For Parent/Guardians:

Definitions:
Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335