



Dear Parents,

Attached you will find registration materials to help us prepare to enroll your child. To streamline the school registration process, we have attempted to consolidate forms requiring a parent signature. Additional pages requiring your signature should be promptly completed, signed and returned to your child's school. **Please be sure to include your child's name on all signature pages.** Thank you for your assistance, and we welcome your call should any questions arise as you complete the registration process.

Note: References are made to the District 91 School Board Policy Manual (BPM) for more information, as needed. The Board Policy Manual is accessible through **District 91's website: www.d91.k12.id.us**.

REQUIRED DOCUMENTS

Proof of Birth Date

The services of District 91 are extended to any resident between the ages of 5 and 21. Idaho law requires that parents and/or legal guardians provide proof, usually in the form of an official birth certificate, establishing their child's birth date upon initially enrolling the child in District 91 (BPM 1003.1-15). Idaho Code 18-4511 describes the requirement as follows:

- Upon enrollment of a student for the first time in a public or private elementary or secondary school, the school shall notify in writing the person enrolling the student that within thirty (30) days, he must provide either a certified copy of the student's birth certificate or other reliable proof of the student's identity and birth date, which proof shall be accompanied by an affidavit explaining the inability to produce a copy of the birth certificate. Other reliable proof of the student's identity and birth date may include a passport, visa or other governmental documentation of the child's identity.

Immunization Records

The Idaho School Immunization Law (Idaho Code Section 39-4801) requires that children be up-to-date on their immunizations to attend school. Diseases like measles and whooping cough spread quickly, so children need to be protected before they enter school. Parents must present their child's Immunization Record **prior** to attendance at public, private or parochial schools in Idaho. A guide to the requirements of the Idaho School Immunization Law can be accessed at <http://healthandwelfare.idaho.gov/Health/Immunizations/tabid/98/Default.aspx> or by contacting the Idaho Department of Health and Welfare, Idaho Immunization Program at (208) 334-5931.

Proof of Residence Address Verification

Documentation is needed to show your residence is in the school boundary (i.e. Power Bill, Rental or Purchase Agreement) or an Enrollment Waiver is needed if you want your student(s) to attend a school outside of your school boundaries. Contact your home school for more information.

Guardianship

Legal documentation of guardianship is needed if you are not the biological parent.

POLICIES

Attendance Policy

Idaho law requires that every child 7 to 16 years of age attend school unless otherwise exempted by law. Regular attendance is positively related to student achievement. Everyone shares in the responsibility for making school attendance a priority.

Graduates of District 91 schools must accumulate a specified number of credit hours and take courses designated as core curriculum to graduate (BPM 603.1). Students can lose credit for any class in which they exceed five (5) absences in a trimester class with the following exceptions: death in the family, school-sponsored activities, and acute or chronic illness with accompanying medical note (BPM 1002.1.6-2).

- I have been informed of the District 91 Attendance Policy

Surveillance System Policy

District 91 has adopted a comprehensive security and surveillance system for the safety of staff, students, and visitors. As such, video surveillance and recording may occur at any time on District property.

- I have been informed of the District 91 Surveillance System Policy

Advanced Opportunities Program

Idaho's Advanced Opportunities Program now allocates \$4,125 to every student in grades 7-12 who attends an Idaho public school. The goal is to help students get a jumpstart on college. Students and their parents/guardians must sign the Fast Forward Participation Form and turn it in to their counselor. Please see their school counselor for the form.

- I have been informed of the District 91 Advanced Opportunities Program and would like to participate.
- I have been informed of the District 91 Advanced Opportunities Program and do NOT want to participate.

Student Injuries and Insurance Notice

Even with careful precautions and close supervision, accidents can and do occur at school. Parents should be aware of this and be prepared for possible medical expenses that may arise should their child be injured at school. District 91 does not provide medical insurance to automatically pay for medical expenses when students are injured at school. Medical expenses for injuries at school are the responsibility of parents and/or legal guardians. The district carries only legal liability insurance.

- I have been informed of the District 91 Student Injuries and Insurance Notice Policy

Zero Tolerance for Weapons

Idaho Code (Section 18-3302D) makes it unlawful for students to carry knives, guns or any other deadly or dangerous weapon while at school, on the bus or at a school approved activity. The law states that a violator may be sentenced to a jail term, or fined, or both and shall be expelled from school for the violation. The law also gives employees of the district the right to search students, their belongings and lockers in cases of suspicion of violation of this law. District 91 has a Zero Tolerance Policy for weapons which provides for expulsion of students who are in possession of knives, guns or other items which threaten or pose a risk to other students. Parents should discuss this policy with their children so all parties are aware of the severe consequences of carrying a knife or other weapon to school (BPM 1006.1-4).

- I have been informed of the District 91 Zero Tolerance for Weapons Policy

Drug Free School Policy

District 91 is committed to having drug free campuses. When there is reasonable cause to believe a student illegally uses, sells, distributes or possesses drug paraphernalia, drugs, prescription drugs, alcohol or other mood-altering substances in school, on or adjacent to school property or at school functions, the student will be subject to disciplinary procedures, including expulsion from school.

- I have been informed of the District 91 Drug Free School Policy

Technology Use Agreement

Parents of students with accounts on the district's computer/network service are required to read and sign the Computer/Network Acceptable Use Policy. See attached policy.

- I have been informed of the District 91 Technology Use Notification Policy

Sexual Harassment Policy

Sexual harassment of any employee or student is absolutely and strictly forbidden by School Board Policy. According to the Equal Employment Opportunity Commission, sexual harassment is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature. The District 91 policy further defines sexual harassment and lists grievance and investigative procedures. If the investigative report shows that a violation of the policy occurred, school officials will take immediate and appropriate disciplinary action commensurate with the scope and severity of the offense. The disciplinary action may include transfer, suspension or expulsion (BPM 1005.17).

- I have been informed of the District 91 Sexual Harassment Policy

Notification of Rights Under FERPA

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. A copy of these rights is attached.

- I have been informed of the District 91 Notification of Rights under FERPA

RESTRICTIONS

Field Trips

By marking Yes below, you grant permission for your child to take all field trips related to the school curriculum and agree to assume responsibility for instructing your child to follow the directions and instructions of the school official in charge. Careful planning goes into each field trip and reasonable safety precautions are taken. The school will inform you of field trips before they take place. If you do not want your student to attend a specific field trip experience, please notify the school in writing to request that your child be excused from participating. In the case of out-of-town trips, a medical release form may be sent home for parent signature before the trip.

I give my permission for this student to attend all field trips during the school year.

- Yes
 No

Publication by Commercial Media

On occasion, members of the media seek permission to photograph/film students in class or engaged in school activities and/or to publish their achievements such as honor roll listings. If you would prefer not to have your child photographed or filmed or their achievements printed, please so indicate below.

- Do **NOT** publish my child's photo, name, initials, schoolwork or accomplishments such as honor roll listings in any commercial media including newspaper, TV, radio or online news services and their online outlets.

Publication by District 91

At times, student or class photos, art work, articles and school projects are included in items such as: School Newsletters, School/Teacher Websites, District Websites or Publications, District Social Media, School Yearbook and Video Conferencing. No personal information such as addresses, phone numbers, etc. will be published.

- Do **NOT** include my child's photo, name, initials and/or schoolwork in School Newsletters, School/Teacher websites, etc.

Information Release

Directory Information can include, but is not limited to, student name, address, telephone listing, etc. This information is often used for school directories, graduation programs, athletic programs, music and drama programs, awards and school recognition, and more.

- If you do **NOT** want Directory Information released for your child, please check this box

Institutions of Higher Education Release

Upon a request made by an institution of higher education, the District will provide access to secondary school students' names, addresses and telephone listings unless a parent or secondary school students requests, in writing, that directory information not be released without prior written consent.

- Do **NOT** release information regarding my child to institutions of higher education

Military Recruiters Release

Upon a request made by military recruiters, the District will provide access to secondary school students' names, addresses and telephone listings unless a parent or secondary school students requests, in writing, that directory information not be released without prior written consent.

- Do **NOT** release information regarding my child to military recruiters

Parent/Guardian Signature _____ Today's Date _____



Chromebook/Laptop Checkout Form Parent/Guardian Agreement

1. I accept responsibility for the device during the checkout period.
2. I acknowledge that my student(s) will be using the device for learning purposes only.
3. Internet filtering technology is provided to help protect your student from access to adult content. Students are to work within the filtering confines.
4. Student logins are to be used by the student they are assigned to and not to be shared with other family members.
5. Students are to continue to follow the rules they are expected to follow while using technology at school.
6. I will teach my student how to care for the device properly, which includes caution when handling and carrying along with avoiding contact with liquids (including drinks and cleaners) and foods.
7. The device can be cleaned with disinfecting wipes after being powered off. Be careful to squeeze out excess liquid. Drops of liquid can damage sensitive electronics.
8. Lost, stolen or damaged devices are the financial responsibility of the family based on the value of the device and the family's ability to pay. **See www.d91.k12.id.us/Content/2666 for typical items and charges.** Please notify the District 91 IT Help Desk at 208-525-7556 so that we can make arrangements and work with you to meet your student's needs. Do not replace the item yourself as the District purchases only certain models at educational prices.
9. Chromebooks and laptops should be returned to a staff member at your School or the District Office, 690 John Adams Parkway, at the end of the school year. *Do not drop off without someone being present to acknowledge receipt of the device in good condition. Special arrangements may be made if your student needs to complete work over the summer.*
10. **Contact District 91 IT Technology Help Desk at 208-525-7556 for any questions or problems.**

Select Yes or No below. (Required)

- Yes – I agree with the policy and wish to check out a Chromebook/Laptop
- No – I do NOT agree with the policy and/or do not wish to check out a Chromebook/Laptop

Please indicate your level of access to internet service at home.

- I have No Internet
- My cell phone is my only internet
- I have Limited/Slow internet; can NOT stream movies
- I have High Speed internet; CAN stream movies

Parent/Guardian Signature _____ Today's Date _____

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IDAHO FALLS SCHOOL DISTRICT #91 TECHNOLOGY USE NOTIFICATION

The purpose of this Technology Use Notification is to describe the responsibilities and privileges of users of Idaho Falls School District 91's technology resources, referred to here as "D91Net." Idaho Falls School District 91 (D91) provides technology resources for the educational and professional benefit of its students and staff. Commercial use, such as promoting or advertising any business, is strictly prohibited. D91Net may not be used to promote or solicit for any political or charitable cause or organization unless it is a District 91 or school-approved cause.

The District's Board Policies on Technology govern the acceptable use of technology, regardless of whether those policies are explicitly spelled out in this document. District policies can be viewed on the District web site at <http://www.d91.k12.id.us>

Students and staff are required to comply with D91 technology policies in order to use the District's technology resources. D91 administration, faculty, and/or staff reserve the right to deny or suspend User access if User breaks the terms of technology policies. Severe infractions may result in termination of employment or school expulsion. User will be informed of the suspected violation and given an opportunity to present an explanation. User may request a review hearing of a building administrator within seven (7) days of such suspension or termination.

INTERNET SAFETY: To promote the safety and security of users of D91Net, and to ensure compliance with the Children's Internet Protection Act (CIPA), blocking and filtering protection measures and security controls are used to the extent practical. Educators may request approval for Technology Services staff to unblock access to sites containing material which is appropriate for valid educational purposes. ***Parents/guardians may sign a form which requests that the student not participate in the use of the Internet.*** The form "Student Internet Access Restriction Form" is available on the District web site.

D91 does not condone or permit the use of materials which are defamatory, abusive, obscene, profane, sexually-oriented, threatening, racially offensive or illegal, and User may not knowingly bring such materials into the school environment. System administrators and Idaho Falls School District 91 do not have control of information residing on other systems.

Students' and employees' home and personal Internet use can have an impact on the school and on other students and employees. If personal Internet expression – such as a threatening message to another person, or a violent web site – creates a likelihood of material disruption to the school's or District's operations, the User may face disciplinary action and criminal penalties.

PRIVACY: Personal information about any student or staff member should be assumed to be confidential, and User should never disclose or transmit such information via D91Net except in strict compliance with the law and District policy. However, User should not expect that files and information will always be private. System operators have access to stored data including e-mail, and sophisticated or privileged users on the network may gain access to such data. System administrators will not intentionally inspect the contents of personal files or e-mail, or disclose such contents to other than the author or an intended recipient, without the consent of the author or intended recipient, unless required to do so by law or policies of D91, or to investigate complaints regarding data which is alleged to contain impermissible material. System administrators reserve the right to monitor all activity on D91Net and to cooperate fully with Idaho Falls School District 91, local, state, or federal officials in investigations concerning any data stored on or transmitted via D91Net.

INFORMATION CONTENT & USES OF D91NET: Opinions, advice, services and all other information expressed by users, information providers, service providers, or other third-party personnel on D91Net are those of the user or provider and not necessarily of District 91. System administrators or their designees reserve the right to refuse storage or posting of files or information and to remove files or information in order to comply with District guidelines and policies and to maintain the integrity and availability of D91Net. System administrators reserve the right to set quotas for storage on D91Net. User may be required to use removable media for storage of data rather than network resources.

Users of D91 Technology shall:

- Use the technology equipment for educational purposes, not for personal or commercial business on district time, nor for any illegal purpose, nor for any other activity prohibited by District policies or guidelines.
- No student use of D91Net unless under instructor supervision and with permission of school personnel, for educator-approved purposes; no use for recreation and entertainment.
- No student use of direct communications such as instant messaging or online chat during class time or on D91Net except under the direct supervision of teaching or administrative staff for educational purposes.
- Be responsible at all times for proper use of accounts:
 - Use only assigned accounts and keep passwords confidential; NO STUDENT USE OF STAFF ACCOUNTS.
 - Not permit others to use accounts for which I am responsible.
 - Prevent unauthorized use by logging off of or locking any computer that I am not directly monitoring.
- Protect the privacy of others and myself:
 - Not view, use, transmit or copy information or files for which I am not authorized.
 - Not disclose personal or private information about others or myself.
- Respect and protect the intellectual property of others:
 - Be responsible for determining whether or not any material, including software, texts, music files, movies etc., is in the public domain before using, copying, distributing or installing it.
 - Not use D91Net for copyrighted or licensed material without permission, recognizing that it is illegal.
 - Not plagiarize (use another person's work without permission and attribution).
- Treat D91Net with respect, to protect its security, integrity and availability:
 - Not disable or interfere with any antivirus or anti-malware protection on D91Net, and to immediately notify school personnel if a virus or malicious software is found.
 - Report any security risks or violations to a teacher or system administrator.
 - Not destroy, damage or alter equipment, information or resources that do not belong to me.
 - Use only approved technology equipment and software within the District, following D91 policies and guidelines for where and how they are to be used.
 - Not use personally owned technology unless inspected and approved according to D91 policies.
 - Not permit others (such as family or friends) to use technology assigned by D91 for my use.
 - Not send spam, chain letters or other mass unsolicited mailings.
- Respect and practice community principles and ethics:
 - Use polite communication; no harassment or bullying, or abusive, vulgar or inappropriate language.
 - Not intentionally access, transmit, copy or create any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive or illegal material; and to immediately report accidental access to a teacher or administrator.
 - Avoid material on the Internet that does not relate to educational pursuits.
 - Not transmit materials, information or software in violation of any local, state or federal law.
- Conform to all D91 Board policies regarding technology use while using D91 technology resources.



NOTIFICATION OF RIGHTS UNDER FERPA

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days of the day the school receives a request for access.

Parents or eligible students should submit to the school principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the school to amend a record should write the school principal (or appropriate school official), clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student's education records, including academic and disciplinary records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with whom the school has contracted as its agent to provide a service instead of using its own employees or officials (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee (such as a disciplinary or grievance committee or assisting another school official in performing his or her tasks). Education records will be disclosed upon request of officials of another school or district in which a student seeks or intends to enroll or is already enrolled, without parent or eligible student consent or notification, if the disclosure is for purposes of the student's enrollment or transfer.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

4. The right to opt out of disclosure of directory information.

Directory information can be made public under FERPA without specific consent, and includes but is not limited to the student's name, physical address and telephone listing. Parents or eligible students may request in writing upon registering for school that directory information not be released to third parties such as newspapers, to institutions of higher education or to military recruiters.

5. The right to file a complaint with U. S. Department of Education concerning alleged failures by the school district to comply with the requirements of FERPA. The address of the office that administers FERPA is:

Family Policy Compliance Office
U. S. Department of Education
400 Maryland Avenue SW
Washington DC 20202-5920

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Office Use Only Student Number: _____

- Birth Record
- Immunization Record
- Proof of Residence
- Records Requested: _____
- Records Received: _____

STUDENT INFORMATION

Student's Legal First Name (as shown on birth certificate)

Date: _____

Student's Legal Middle Name

Check here if this student does NOT have a middle name

Student's Legal Last Name

Suffix

Check here if this student also goes by another name

Nickname/Also Known As _____

Check here if this student has a previous legal name

Previous Legal Name

Previous Legal First Name

Previous Legal Middle Name

Check here if this student does not have a middle name

Previous Legal Last Name

Previous Suffix

Gender F M Date of Birth _____ Enrolling Grade _____ Enrolling School _____

Home/Residential Information

Home Phone _____ Student Cell Phone (if applicable) _____

Address _____ City _____

State _____ Zip _____

Is the student's mailing address different than the physical address listed above? Select Yes No

Mailing Address

Address (Include apartment or suite number) _____

City _____ State _____ Zip _____

Place of Birth

Birth Country _____

Original US Entry Date _____

Has student lived anywhere in the US prior to their current address? Select Yes No

Previous State of Residence _____

Previous City of Residence _____

Previous School Information

Has this student ever attended school in Idaho Falls SD #91 before? Select Yes No

Previous School Attended

School Name _____

City _____ State _____ Zip _____

Grade Last Completed _____

Has this student been expelled from a public or private school? Select Yes No

Please explain: _____

Has the student taken any 7th or 8th grade class for high school credit? Select Yes No

Where were the classes taken? _____

Military Connected Student

What is the student's connection to the military? Select - Not Military Connected Active Duty (self or family)
 National Guard or Reserve (self or family)

CONTACT INFORMATION

Please enter in your student's contact in the order you would like them contacted in case of an emergency. Legal documentation of guardianship is needed if you are not the biological parent.

Parent/Guardian 1 Information

First Name Middle Name Last Name Suffix

Gender Male Female Employer _____

Relationship to Student _____

Has custody Yes No Lives with student Yes No Can pick up student Yes No
Emergency Contact Yes No Receives mail Yes No

Please do not duplicate phone numbers for contacts

Phone 1 _____ Extension _____ Type Home Mobile Work
Preferred phone number Yes No
Accepts SMS(Text Messages) Yes (Message and data rates may apply.) No

Phone 2 _____ Extension _____ Type Home Mobile Work
Preferred phone number Yes No
Accepts SMS(Text Messages) Yes (Message and data rates may apply.) No

Phone 3 _____ Extension _____ Type Home Mobile Work
Preferred phone number Yes No
Accepts SMS(Text Messages) Yes (Message and data rates may apply.) No

Email address _____

Physical/Residential Address

Street _____

City _____ State _____ Zip _____

Mailing Address

Same as Physical/Residential Address

Street _____

City _____ State _____ Zip _____

Parent/Guardian 2 Information

First Name

Middle Name

Last Name

Suffix

Gender Male Female

Employer _____

Relationship to Student _____

Has custody Yes No

Lives with student Yes No

Can pick up student Yes No

Emergency Contact Yes No

Receives mail Yes No

Please do not duplicate phone numbers for contacts

Phone 1 _____ Extension _____ Type Home Mobile Work

Preferred phone number Yes No

Accepts SMS(Text Messages) Yes (Message and data rates may apply.) No

Phone 2 _____ Extension _____ Type Home Mobile Work

Preferred phone number Yes No

Accepts SMS(Text Messages) Yes (Message and data rates may apply.) No

Phone 3 _____ Extension _____ Type Home Mobile Work

Preferred phone number Yes No

Accepts SMS(Text Messages) Yes (Message and data rates may apply.) No

Email address _____

Physical/Residential Address

Street _____

City _____ State _____ Zip _____

Mailing Address

Same as Physical/Residential Address

Street _____

City _____ State _____ Zip _____

Additional Contacts

Please list any additional contacts. You may also choose who are allowed to pick up your student from school and/or be reached in the event of an emergency when you are unavailable.

Contact 3 Information

First Name Middle Name Last Name Suffix

Gender Male Female Employer _____

Relationship to Student _____

Has custody Yes No Lives with student Yes No Can pick up student Yes No

Emergency Contact Yes No Receives mail Yes No

Please do not duplicate phone numbers for contacts

Phone 1 _____ Extension _____ Type Home Mobile Work

Preferred phone number Yes No

Accepts SMS(Text Messages) Yes (Message and data rates may apply.) No

Phone 2 _____ Extension _____ Type Home Mobile Work

Preferred phone number Yes No

Accepts SMS(Text Messages) Yes (Message and data rates may apply.) No

Phone 3 _____ Extension _____ Type Home Mobile Work

Preferred phone number Yes No

Accepts SMS(Text Messages) Yes (Message and data rates may apply.) No

Email address _____

Physical/Residential Address

Street _____

City _____ State _____ Zip _____

Mailing Address

Same as Physical/Residential Address

Street _____

City _____ State _____ Zip _____

Contact 4 Information

First Name Middle Name Last Name Suffix

Gender Male Female Employer _____

Relationship to Student _____

Has custody Yes No Lives with student Yes No Can pick up student Yes No

Emergency Contact Yes No Receives mail Yes No

Please do not duplicate phone numbers for contacts

Phone 1 _____ Extension _____ Type Home Mobile Work

Preferred phone number Yes No

Accepts SMS(Text Messages) Yes (Message and data rates may apply.) No

Phone 2 _____ Extension _____ Type Home Mobile Work

Preferred phone number Yes No

Accepts SMS(Text Messages) Yes (Message and data rates may apply.) No

Phone 3 _____ Extension _____ Type Home Mobile Work

Preferred phone number Yes No

Accepts SMS(Text Messages) Yes (Message and data rates may apply.) No

Email address _____

Physical/Residential Address

Street _____

City _____ State _____ Zip _____

Mailing Address

Same as Physical/Residential Address

Street _____

City _____ State _____ Zip _____

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STUDENT RACE AND ETHNICITY FORM

Student Name: _____ **Grade** _____

Each year, school districts in Idaho are required to report student race and ethnicity data to the Idaho State Department of Education by categories that are set by the Federal government. This data is used to ensure all students receive the educational programs and services to which they are entitled. This information will *not* be reported to any federal agency in a way that identifies the student. No one will check for immigration status from the information given here.

Please note – if you choose not to provide this information, a designated school staff person(s) will observe and select racial and ethnic categories on the student’s behalf as required by the Federal government for reporting.

ETHNICITY/RACE – Select ALL that apply	
<input type="checkbox"/>	Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.)
<input type="checkbox"/>	North American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America including Central America, and who maintains a 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.)

Completed by (please check one): Parent Observed Student (self)

Date: _____

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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 print)

Student Name Date

Date of Birth School Grade

Gender: Male Female

1. What languages 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?

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Student Residency Questionnaire

Name of School: _____

Name of Student: _____ Grade: _____

Last

First

Middle

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1 Does the student live in a place that is owned or rented by a parent or legal guardian? Yes No

If you answered YES to question 1 please skip to section 3.

If you answered NO, please continue to question 2 and complete the form.

2 Is the student's current address a temporary living arrangement due to loss of housing, economic hardship, natural disaster, or other unforeseen circumstances? Yes No

Where is the student presently living? (Check all that apply.)

- In a shelter or transitional housing
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- In a motel/hotel
- In housing or any vehicle (including camper) without running water, electricity, or heat
- With another family in their home, apartment or trailer
- Moving from place to place

Other students in the family

Last Name, First Name

Brother/Sister

Grade

School

3 Print name of person with whom the student resides: _____

Address _____ Phone _____

Individual signing is the:

- Parent
- Legal Guardian (Legal Guardianship can only be appointed by a court.)
- Caregiver/Designated Guardian
- Student
- Other: _____

Signature: _____ Date: _____

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Idaho Migrant Education Program

Parent Employment Survey



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. The Idaho Migrant Education Program is a Title I, Part C program of the Idaho Department of Education.











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 (not including on your own property) on a farm, in a field, in a greenhouse, in a nursery or in a factory? Please check any that apply.

 <input type="checkbox"/> Livestock (cattle, pigs, sheep, dairy, etc)	 <input type="checkbox"/> Hops	 <input type="checkbox"/> Crops (corn, potatoes, beans, wheat, sugar beets)	 <input type="checkbox"/> Sorting or packing (onions, potatoes, etc.)	 <input type="checkbox"/> Processing (meat, fruit, trees, etc.)
 <input type="checkbox"/> Trees & timber	 <input type="checkbox"/> Fruits	 <input type="checkbox"/> Alfalfa	 <input type="checkbox"/> Nursery, sod, greenhouse	 <input type="checkbox"/> Field preparation

If you circled one or more, continue to #3.

If none of these _____ (stop here)

3. Parents' Names: _____ Phone: _____

Address: _____ City: _____

Please list all other children in the household less than 22 years of age:

Name	Birthdate	School	Grade

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STUDENT SERVICES INFORMATION

Student Name: _____ Date of Birth: _____

1. Was your child receiving Special Education services at their last school at the time of withdrawal?
 - No
 - Yes - Please select the services your child was receiving
 - Special Education/Resource Room Services
 - Speech/Articulation Therapy
 - Occupational Therapy
 - Physical Therapy
 - Education of the Hearing Impaired

2. Was your child on a 504 Plan at their last school at the time of withdrawal?
 - No
 - Yes
 - Counseling

3. Was your child taking English as a second language at their last school at the time of withdrawal? Yes No

4. Was your child receiving Gifted/Talented services at their last school at the time of withdrawal Yes No

Parent/Guardian Signature

Date

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Secondary Student Health Information

Student Name _____ Date of Birth _____

School _____ Grade _____

Dear Parent/Guardian/Student:

Please complete this health information form. This information may be shared with the student's teacher(s) and administration to promote and protect the health of students but otherwise is completely confidential.

Has your child ever been diagnosed with:

Diabetes

- No
 Yes

Please describe symptoms:

What medication does student take?

Asthma

- No
 Yes

Please describe symptoms and triggers:

What medication does student take?

Kidney or Urinary Problems

- No
 Yes

Please describe:

What medication does student take?

Heart Conditions

- No
- Yes

Please describe:

What medication does student take?

Seizure Disorder

- No
- Yes

Please provide characteristics, type of seizure, and DATE of last seizure:

What medication does student take?

Allergies (Non-seasonal)

- No
- Yes

Please describe symptoms and triggers:

What medication does student take?

ADD/ADHD

- No
- Yes

What medication does student take?

Depression/Anxiety/Other

- No
- Yes

Please describe:

What medication does student take?

Has student had surgery or been hospitalized in the past year?

- No
- Yes

Please describe:

Does student have any other disease, health problem or handicap (such as orthopedic, vision, hearing) or anything that school staff should be aware of?

- No
- Yes

Please list any other medical considerations

Medications Permissions

Can the school nurse/designated authority give student medications upon his/her request? (neosporin, cough drops, etc)

- No
- Yes

Please specify which medications the student may receive:

- Hydrocortisone Cream
- Benadryl (Diphenhydramine Hydrochloride)
- Neosporin (Antibacterial Ointment)
- Cough Drops
- TUMS (Calcium Antacid)
- None

Pain Medications permitted

- Acetaminophen
- Ibuprofen
- Both
- None

Parent/Guardian Signature _____

Today's Date _____

Thank you,

School District 91 Health Services

690 John Adams Parkway, Idaho Falls, ID 83401

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Date (fecha): _____

REQUEST FOR SCHOOL RECORDS - SECONDARY

(Registros de la Escuela Anterior)

The Family Educational Rights and Privacy Act (FERPA) allows schools to disclose a student's education record, without consent, to other schools to which a student is transferring (34 CFR § 99.31).

Previous School (*escuela anterior*): _____

Mailing Address (*dirección postal*): _____

City/State/Zip (*cuidad, estado, código postal*): _____

Phone # (*teléfono de escuela*): _____ FAX #: _____

Expected Start Date at District 91 (*Fecha Esperada a Comenzar en el Distrito 91*): _____

Student Name (*nombre del estudiante*) _____

Grade (*grado*) _____ Birth Date (Fecha de nacimiento) _____ Age (años) _____

The above named student has recently enrolled in Idaho Falls School District 91. Please send a complete transcript of subjects, grades, credits, health records, standardized tests, withdrawal grades and any other academic records that would assist us in the placement and guidance of this student. If applicable, include extended files (i.e. special education, psychological evaluations, speech/language evaluations, and behavior file), birth certificate, and health records. **Forward all records to the school indicated by a checkmark below.** Thank you.

EAGLE ROCK Middle School
ATTN: Counseling Dept.
2020 Pancheri
Idaho Falls ID 83402
208-525-7700
Fax 208-525-7703

IDAHO FALLS High School
ATTN: Counseling Dept.
601 S. Holmes
Idaho Falls ID 83401
208-525-7740
Fax 208-525-7768

D91 ONLINE ACADEMY -
SECONDARY
690 John Adams Pkwy
Idaho Falls ID 83401
208-525-7507
Fax 208-525-7596

TAYLORVIEW Middle School
ATTN: Counseling Dept.
350 Castlerock Lane
Idaho Falls ID 83404
208-524-7850
Fax 208-612-7381

SKYLINE High School
ATTN: Counseling Dept.
1767 Bluesky Dr.
Idaho Falls ID 83402
208-525-7770
Fax 208-525-7778

COMPASS ACADEMY
ATTN: Counseling Dept.
955 Garfield
Idaho Falls ID 83401
208-525-7720
Fax 208-525-7732

EMERSON High School
ATTN: Counseling Dept.
335 5th St.
Idaho Falls ID 83401
208-524-7800
Fax 208-525-7795