



New Vision High School

201 W. Mullan Ave · PO Box 41 · Post Falls, ID 83854 · 208.773.3541

WELCOME TO NEW VISION HIGH SCHOOL REGISTRATION INFORMATION

Please bring the following to you interview appointment:

- Completed registration forms
- Copy of birth certificate
- Immunization records
- Proof of Post Falls Residency

Thank you and we look forward to meeting you.

Legal Last Name _____ Grade _____

First _____ Middle _____

Physical Address _____

Mailing Address _____

Parent's E-Mail Address _____

Home Phone _____ Student Cell Phone _____

Date of Birth _____ Male _____ Female _____

Ethnicity: Caucasian __ Hispanic __ African American __ Asian __ Native American __ Pacific Islander __

Special Services: Has child received any special services? Previously Currently (Please circle one)

Special Education __ Speech/Language __ Occupational Therapy __ Physical Therapy __

Title I __ Gifted/Talented __ 504 Plan __ Other _____

LAST SCHOOL ATTENDED

School Name _____ Phone # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

Last Date of Attendance _____ Parent/Guardian Signature _____

PARENT/GUARDIAN INFORMATION

Student lives with: _____ (ex: mom/dad, grandparent, guardian, etc.)

Primary Parent _____ Home Phone _____ Cell Phone _____

Address _____ State _____ Zip _____

Employer _____ Work Phone _____

Relationship to Student _____

Secondary Parent _____ Home Phone _____ Cell Phone _____

Address _____ State _____ Zip _____

Employer _____ Work Phone _____

Relationship to Student _____

Legal Guardian (other than parent) _____ Home Phone _____

Address _____ State _____ Zip _____

Employer _____ Work Phone _____ Cell Phone _____

Siblings:

Name _____

School/Grade _____

MILITARY CONNECTED

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

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

HEALTH HISTORY

Your signature below authorizes this information to be placed in your child's cumulative file.

Please check the appropriate boxes below that pertain to your child now or in the past. ADHD ____ Asthma ____

Diabetes __ Seizures __ Cardiac Problems __ Other: _____

Allergies (specify) _____

Current medications: _____

Does your child have a LIFE THREATENING illness or condition that will require a health plan? Yes ____ No ____

Doctor's Name _____ Phone _____

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

Parent/Guardian Signature _____ Date _____

EMERGENCY NOTIFICATION CONSENT

In the event of a school or district-wide emergency, I request that the district notify me through personal e-mail or by text. Please use the personal e-mail address or text phone number listed below:

E-Mail Address: _____ Text Phone Number: _____

Parent/Guardian signature _____ Date _____

EMERGENCY INFORMATION

In the event a parent cannot be reached, please list below local relatives or friends we may contact to release your child to in case of illness or school emergency.

1 st Name _____	Phone # _____	Relation to Student _____
2 nd Name _____	Phone # _____	Relation to Student _____
3 rd Name _____	Phone # _____	Relation to Student _____

EMERGENCY CONSENT

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make any arrangements necessary for the safety of my student. I give my permission for emergency personnel to provide treatment as needed.

Parent/Guardian signature _____ Date _____

NAME / PHOTO / DIRECTORY RELEASE

Permission to have name and/or photo used in newspaper/educational display/website? Yes ___ No ___
Permission to have photo used in Yearbook? Yes ___ No ___
Permission to release directory information to school PTO? Yes ___ No ___

Parent/Guardian signature _____ Date _____

FIELD TRIP PERMISSION

During the school year there are times when our instructional program must be taken out of the classroom and into the community. Rather than asking permission for your child to participate on each occasion, your signature below indicates approval for your child to participate in field trips during the current school year. Through published calendars, newsletters or special notes, we will inform you of times and dates of each field trip prior to the event. This will give you an opportunity to contact your child's teacher if you have questions or choose for your child to not participate.

I grant permission for my child to participate on field trips. Yes ___ No ___

Parent/Guardian signature _____ Date _____

STUDENT INSURANCE

Post Falls School District #273 does make student medical insurance available to families for their individual purchase. Brochures outlining the coverage and premiums are handed out at the beginning of the school year, and are available at the school office after that time. Even with the greatest precautions and the closest supervision, accidents can and do happen at school. They are a fact of life and part of the growing-up process our children go through. Parents, please be prepared to pay for your child's possible medical expenses that may arise should your child be injured at school.

I have read and understand the above information concerning medical insurance coverage.

Parent/Guardian signature _____ Date _____

LEGAL RESTRICTIONS

Are there Legal Restrictions regarding contact with this child? Yes ___ No ___ If yes, a copy of the court order MUST be on file at school. In order to enforce any restrictions on visitation, the school district must be provided copies of legal documents (custody award, restraining order or other court order). Our normal procedure is to contact the custodial parent when individuals attempt to make contact with your child without proper authorization. Please indicate any other procedures you want us to follow. _____

Your child's welfare is our primary concern. Please advise the school immediately of any changes in this information. Your cooperation is appreciated.

Parent/Guardian signature _____ Date _____

New Vision High School
Post Falls School District #273
Post Office Box 40
Post Falls, Idaho 83877-0040
Phone (208) 773-3541
Email: teresa.browning@sd273.com

AUTHORIZATION TO RELEASE INFORMATION

Student Name: _____	DOB: _____	Grade: _____
Previous School: _____	City/State: _____	
Phone: _____	Fax: _____	

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

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

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

Please release to: REGISTRAR
New Vision High School
P.O. Box 40
Post Falls, Idaho 83877

Requested by School Official if Parent is not available.

School Official

Registrar
Title

The above named student is requesting enrollment in New Vision High School in the Post Falls School District #273. Please forward records indicated above or requested items below, if the box is checked. Under Public Law 93-380, now amended in Section 99.43, PL94-568, a parent signature is not required for educational records sent to another educational agency.

If box is checked please email Transcript, Birth Certificate & Immunization Records only.
***Cumulative records will be requested at a later date. Thank you!

RE: Military Release

Dear Parent/Guardian:

New Vision takes pride in preparing students for their next steps after high school. A few ways we can help is to have students complete job shadows with mentors in the community and to bring in guest speakers, including representatives from different branches of the military.

Federal law requires the name, address, and telephone numbers of all secondary students be released to military recruiters upon request unless the parent/guardian completes this form revoking consent for this information to be released. If this form is not completed, student information will be released to the requesting military recruiter(s).

Sincerely,

Thomas Staples
Principal, New Vision High School

Please do not release the name, address, or telephone number of my student to the armed forces. I do understand that this request only applies to the list provided by the school to the military, and the armed forces may gain this information through other means.

Student Name (print)

Grade:

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



POST FALLS
SCHOOL DISTRICT

Student Information Network Acceptable Use Policy

1. **Acceptable Use:** The purpose of the information network is to support research and education in and among academic institutions in the U.S. by providing access to unique resources and the opportunity for collaborative work. The use of the internet/network must be in support of education and research and consistent with the educational objectives of the Post Falls School District.
2. The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Each student, before being authorized to access the internet/network, will be trained in the proper use of the network. The system administrators, district administrators or teachers will deem what is inappropriate use and their decision is final.
3. **Network Etiquette:** Each use of the network, student or staff member, is expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:
 - A. Be polite. Do not get abusive in your message to others.
 - B. E-mail is not guaranteed to be private. Within a school district, e-mail may be considered public information. There is no guarantee of confidentiality.
 - C. Do not use the network in such a way that the use of the network is disruptive to by others.
 - D. All communications and information accessible via the network should not be considered private.
 - E. Connection of personal computing devices to the district's network are covered under the same conditions as district property. Staff and students who engage in activities that violate the terms and conditions are subject to cancellation of network privileges on both personal and district equipment.
 - F. Access to information from outside the district, whether stored directly on district servers or on servers outside the district contracted to house information, is covered by the same terms and conditions of the district's internet contract. Abuse of the services provided will result in termination of network privileges inside the district and outside.
 - G. Use of any type of application or service designed to bypass district filtering or security settings will result in immediate suspension of network and internet privileges and could include further action by district administrators. This included anything brought into the district on personal storage devices.
 - H. Logging in with another user's credentials is a violation of security on the district network and will result in immediate suspension of network and internet privileges.
4. **Security:** Security on any computer system is a high priority, especially when the system involves hundreds of users as ours does. Identified security problems must be reported to the classroom supervisor. Attempts by a student to log on to the network as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.

Adopted: 2/2/96

Revised: 9/12/11

Reviewed: 2017, 2021



POST FALLS
SCHOOL DISTRICT

Acceptable Use Agreement

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

User Signature: _____ Date _____

Print Name: _____

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

As the parent/guardian of this student, I have read this district's policy entitled Information Network Terms and Conditions. I understand that this access is designed for educational purposes and this district has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for the district to restrict access to all controversial materials, and I will not hold it responsible for materials acquired on the computer network service. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child for the duration of his/her enrollment in the Post Falls School District and certify that the information contained on this form is correct. Should I at any time desire my student's internet access revoked, I will submit a written request to the district office.

Parent or Guardian (please print): _____

Signature: _____ Date: _____

User's Full Name: _____

School: _____ Grade: _____

Adopted: 2/12/96

Revised: 9/12/11

Reviewed: 2017, 2021

POST FALLS SCHOOL DISTRICT #273

DISTRICT ADMINISTRATIVE OFFICE

PO BOX 40 POST FALLS ID 83877-0040

PH 208-773-1658 FX 208-773-3218

www.pfsd.com

Statewide Home Language Survey

Our school district along with the Idaho State Department of Education and the Office for Civil Rights require that students' language(s) are identified. This survey's purpose is to determine whether they are potentially eligible for language services.

Student Name:		Date:	
Birthdate:		Gender:	Male Female
School:		Grade:	

1. What language(s) are spoken in the home?

2. What language(s) does your student speak most often?

3. What language(s) did your student first learn?

4. Which language does your child speak with you? _____

5. Which language do you use when speaking with your child? _____

6. Which language do you want phone calls and letters? _____

7. What is your relationship to the child? Mother Father Guardian

Other (specify) _____

8. Is there any additional information you would like the school to know about your child? _____

Nutrition Services Registration

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

Income Chart (before taxes)

Effective July 1, 2024 - June 30, 2025

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

(Gross income is the total income received before taxes or deductions)

(Three options to click)

Scan the following QR Code for a link to our online application



I have already filled out an application for my household when registering another child for PFSD, school year 2024-- 2025

No, I do not qualify this time for Free & Reduced meals.

Please note: that you are required to fill out a new application each school year. The application for school year 2024-2025 must be completed/dated after July 1, 2024.

See page 2 →

2024-2025 School meal pricing and charge policy:

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

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

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

Student Meal Debt Policy

Board Policy 505.7a

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

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

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

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

Signature: _____

Date: _____

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

This institution is an equal opportunity provider.



Idaho Migrant Education Program



Parent Employment Survey

Versión en español en el otro lado de la hoja

The information provided below is used to identify students who may qualify to receive additional educational services. A program employee may contact you for further information if needed. All information is kept confidential.

Child's Name: _____ District: _____ Date: _____

Birthdate: _____ School: _____ Grade: _____





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

Yes _____ (CONTINUE TO #2) No _____ (STOP HERE)

2. In the past three years, has anyone in your household had a job working with any of these products or activities (not including on your own property)?

Yes _____ (CONTINUE TO #3) No _____ (STOP HERE)

Please check all that apply below:

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

3. Parents' Names: _____ Phone: _____

Address: _____ City: _____

Please list all other children in the household less than 22 years of age (include children under 5):

Name	Birthdate	School	Grade



Idaho Migrant Education Program

Encuesta de Empleo para los Padres

English version on the other side



La información abajo es para identificar a estudiantes que puedan calificar para recibir servicios adicionales de educación. Es posible que un empleado del programa le contacte a usted para obtener más información. Toda la información es confidencial.

Nombre del niño: _____ Distrito: _____ Fecha: _____

Fecha de Nacimiento: _____ Escuela: _____ Grado: _____

1. ¿En los últimos tres años, ha vivido su familia en otro distrito escolar? Esto incluye otros distritos escolares en Idaho, u otro estado o país.

Sí _____ (SIGA AL #2)

No _____ (PARE AQUÍ)

2. En los últimos tres años, ¿hubo alguien en su hogar un trabajando con alguno de estos productos o actividades (sin incluir su propiedad)?

Si _____ (SIGA AL #3)

No _____ (PARE AQUÍ)

Por favor marque todos los que apliquen abajo:

	<input type="checkbox"/> Cualquier Cultivos Ejemplos: maíz, papas, frijoles, trigo, remolacha, frutas, lúpulo, alfalfa, etc.o preparación de campo		<input type="checkbox"/> Cualquier ganado Ejemplos: vacas, cerdos, ovejas, pollos, lechería
	<input type="checkbox"/> Procesamiento de productos agrícolas. Ejemplos: (Clasificación, empaque, corte, etc.) cebollas, papas, carne, frutas, árboles, etc.		<input type="checkbox"/> Otra agricultura Ejemplos: silvicultura, cuidado de plantas de vivero, pescar

3. Nombre de los padres: _____ Teléfono: _____

Dirección: _____ Ciudad: _____

Por favor liste a todos los niños menores de 22 años en la casa:

Nombre	Fecha de Nacimiento	Escuela	Grado