

**Post Falls Middle School**  
**301 East 16<sup>th</sup> Avenue**  
**P. O. Box 40**  
**Post Falls, ID 83854**  
**Phone: (208) 773-7554**  
**Fax: (208) 262-4734**



**Principal Tabitha Booth**  
**Vice Principal Loretta Greenough**

## **Welcome to Post Falls Middle School!**

The following items are required at the time of registration:

- Birth Certificate
- Current Immunization Records
- Proof of Residence (eg: current utility bill, lease agreement, etc.)

Please print and complete the following Registration Forms:

- Authorization to Release Information
- Student Registration Form
- Student Acceptable Use Policy
- Enrollment of New Student Confirmation Status
- Families in Transition McKinney-Vento Questionnaire
- Idaho Migrant Education Program Parent Employment Survey
- Statewide Home Language Survey
- Nutrition Services Registration Form
- Elective Form: 6<sup>th</sup>, 7<sup>th</sup> OR 8<sup>th</sup>

If your student has any special accommodations such as an IEP or a 504, please provide a current copy with your registration paperwork.

If your student has any health/concerns, please provide that information and any medical documentation at the time of registration.

If your student has any legal restrictions, please provide current court orders or legal documentation at the time of registration.

**Thank you!**

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Principal - Mrs. Tabitha Booth  
Vice Principal - Mrs. Loretta Greenough

**AUTHORIZATION TO RELEASE INFORMATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name of Previous School \_\_\_\_\_ Current Grade \_\_\_\_\_  
City/State \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

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

- Cumulative Records
- Current Grades & Transcripts
- Attendance
- Behavior / Discipline
- Health Records
- Immunizations
- Birth Certificate
- Achievement Tests – ISAT Scores
- Special Education Records  
(Including, if applicable: 504 Plan,  
IEP & Evaluation Summary)

For office use only

NAME	_____
FAKED	_____
RECEIVED	_____

**\* PLEASE FAX or EMAIL IMMUNIZATIONS, BIRTH CERTIFICATE, CURRENT GRADES, BEHAVIOR & ATTENDANCE Records, IEP/Eligibility and 504 (if applicable) ASAP TO 208-262-4734**  
Registrar: [wendy.wagoner@sd273.com](mailto:wendy.wagoner@sd273.com)

Please mail Cumulative file and any Special Ed records to:  
Post Falls Middle School  
P.O. BOX 40  
POST FALLS, IDAHO 83877

I acknowledge notification of this transfer of records as required by the Family Educational Right and Privacy Act of 1974 (FERPA) and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the contents of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

UNDER PUBLIC LAW 93-380, NOW AMENDED IN SECTION 99.34, PL 930568, AND FERPA, REG. 99.31, NO PARENT SIGNATURE IS REQUIRED FOR EDUCATIONAL RECORDS SENT TO ANOTHER EDUCATIONAL AGENCY.

SIGNATURE: \_\_\_\_\_  
Parent/Guardian/Student (18 years or older)

Date: \_\_\_\_\_

PRINT: \_\_\_\_\_

Phone: \_\_\_\_\_

**For Office Use Only**

Date Enrolled	_____
Homeroom Teacher	_____
Grade	_____
Birth Certificate	Y N
Immunizations	Y N
Health Alert	Y N
Directory Release	Y N
Field Trip	Y N
Internet Use	Y N
Court Order	Y N

Legal Last Name \_\_\_\_\_ Grade \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent's E-Mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ Native American \_\_\_\_\_ Pacific Islander \_\_\_\_\_

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

Special Education \_\_\_\_\_ Speech/Language \_\_\_\_\_ Occupational Therapy \_\_\_\_\_ Physical Therapy \_\_\_\_\_

Title I \_\_\_\_\_ Gifted/Talented \_\_\_\_\_ 504 Plan \_\_\_\_\_ Other \_\_\_\_\_

**LAST SCHOOL ATTENDED**

School Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last Date of Attendance \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**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 \_\_\_\_\_

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 <sup>st</sup> Name _____	Phone # _____	Relation to Student _____
2 <sup>nd</sup> Name _____	Phone # _____	Relation to Student _____
3 <sup>rd</sup> 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 \_\_\_\_\_



**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



## STUDENT ACCEPTABLE USE POLICY

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.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date Acknowledged: \_\_\_\_\_

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

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 this 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/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Acknowledged: \_\_\_\_\_

POST FALLS SCHOOL DISTRICT NO. 273  
General Section Title: Information Network Acceptable Use  
Sub-Section No. 508.9a

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.
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  - 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.
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Adopted: 2/2/1996

Revised: 5/5/2021

Reviewed: 2021

Post Falls School District #273  
Enrollment of New Student Confirmation Status

As the custodial parent/guardian of \_\_\_\_\_  
I confirm that:

\_\_\_\_\_ I reside within the boundaries of the Post Falls School District where I maintain legal residency. My physical address is:

\_\_\_\_\_  
Post Falls, ID 83854

\_\_\_\_\_ I reside with friends or family within Post Falls School District boundaries.

Student Standing In Previously Attended School

Listed below, is any pertinent information on the above named student that will be forthcoming with the student's transfer records.

Discipline History:

\_\_\_\_\_ Suspension

\_\_\_\_\_ Expulsion

Legal Intervention:

\_\_\_\_\_ Active Probation

\_\_\_\_\_ Diversion

Mental Health:

\_\_\_\_\_ Current Diagnosis \_\_\_\_\_

\_\_\_\_\_ Current Medications \_\_\_\_\_

Comments:

I have read, understood and responded to the above informational statements.

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



POST FALLS  
SCHOOL DISTRICT #273

# PFSD McKinney-Vento Housing Questionnaire 2025-2026

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

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

\*\*\*\*\*

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

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

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

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

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

First and Last Name	M/F	Age	Date of Birth

**The undersigned certifies that the information provided above is accurate.**

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

Current street address \_\_\_\_\_ Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature:

Parent/Guardian/Unaccompanied Youth: \_\_\_\_\_ Date: \_\_\_\_\_

### McKinney-Vento Act 42 U.S.C 11436

#### Definitions:

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

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

**DISTRICT STAFF:** Please scan and email this form immediately to Courtney Beach, Homeless Liaison - [courtney.beach@sd273.com](mailto:courtney.beach@sd273.com), then send the original to Courtney via district mail.

#### FOR MCKINNEY-VENTO STAFF ONLY:

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



# 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: \_\_\_\_\_

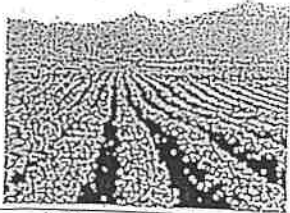
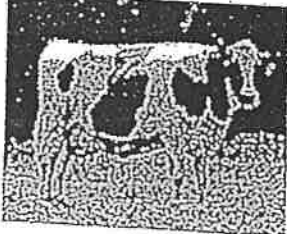


1. ¿En los últimos tres años, ha vivido su familia en otro distrito escolar? Esto incluye otros distritos escolares en Idaho, u otro estado o país.

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

# POST FALLS SCHOOL DISTRICT #273

DISTRICT ADMINISTRATIVE OFFICE

PO BOX 40 POST FALLS ID 83877-0040

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

www.pfsd.com

## Statewide Home Language Survey

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

Student Information	Please Indicate Response
Date:	
Student Name	
Birthdate	
School	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade:	

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

---

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

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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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# Nutrition Services Registration Form SY 2025-2026


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, 2025 - June 30, 2026

Household Size	Annual	Monthly	Weekly
1	28,953	2,413	557
2	39,128	3,261	753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
For each additional, add:	10,175	848	196

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

	<p>I have already filled out an application for my household when registering another child for PFSD, school year 2025-- 2026</p> <input type="checkbox"/>	<p>No, I do not qualify at this time for Free &amp; Reduced meals.</p> <input type="checkbox"/>
---	--	---

Please note: that you are required to fill out a new application each school year. The application for school year 2025-2026 must be completed/dated after July 1, 2025.

## 2025-2026 School meal pricing and charge policy:

Grade Group	Breakfast	Lunch
K - 5	\$2.15	\$3.35
6 - 8	\$2.40	\$3.65
9 - 12	\$2.40	\$3.80
Adult and Second Meal Price	\$3.00	\$5.10
Milk	\$0.65	\$0.65

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

**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. Paid and reduced price students owing \$50 or more on their school meal account will be limited to one meal option choice. This meal, which is available to all students, meets all USDA school meal guidelines. **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.

**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.

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

**Registered PFSD student name(s) – please print:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:*

**mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or  
**fax:**  
(833) 256-1665 or (202) 690-7442; or  
**email:**  
program.intake@usda.gov



# CONSENT for SCHOOL HEALTH SERVICES - Secondary

*Consent must be obtained for the following services to be provided.*

## HEALTH SERVICES

**The Health Office is primarily staffed by an RN, LPN or Health Room Assistant. Health Services across the district may be provided by an RN, LPN, Health Room Assistant, Athletic Trainer, Secretary or other staff as needed.**

I hereby consent to the treatment of my minor child by a Post Falls designated staff member for the same day health concerns, illness or injury to my minor child while on any school grounds of the Post Falls School District during school hours. Such treatment may include preventative health and wellness services, screening, first aid and emergency care.

In cases where further medical treatment is necessary, treatment will only be given through parent/guardian consent. This consent **does not** extend to the administration of vaccines or immunizations. This consent shall be valid unless and until revoked in writing by one of the undersigned.

Please note, if consent is **not** given, but your child has an injury or life-threatening event, emergency services will be provided by Post Falls personnel. For example, CPR, prescribed Epinephrine for anaphylaxis or Narcan for possible opioid overdose.

*Please check the appropriate box regarding treatment:*

- I consent to the treatment of my minor child
- I do not consent to the treatment of my minor child

*Please check the appropriate box regarding hearing screenings:*

- I consent to hearing screenings
- I do not consent to hearing screenings

*Please check the appropriate box regarding vision screenings:*

- I consent to vision screenings
- I do not consent to vision screenings

\_\_\_\_\_  
Print: Name of student

\_\_\_\_\_  
Print: Name of school

\_\_\_\_\_  
Print: Name of parent/guardian

\_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
Date

*Please see the reverse side for medications.*



**POST FALLS**  
SCHOOL DISTRICT #273

# CONSENT for SCHOOL HEALTH SERVICES - Secondary

## MEDICATIONS

Please complete **only if** you consent to the administration of medication.

I give permission for the Health Office to give my child the following medications based on age/weight requirements: (Check all that apply)

- Acetaminophen/Tylenol - *Please circle dosage maximum: 325mg, 500mg, 650mg, or 1000mg*
- Ibuprofen/Advil - *Please circle dosage maximum: 200mg, 400 mg*
- Antacid/Tums

\_\_\_\_\_  
Print: Name of student

\_\_\_\_\_  
Print: Name of school

\_\_\_\_\_  
Print: Name of parent/guardian

\_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
Date

**POST FALLS MIDDLE SCHOOL  
6<sup>TH</sup> GRADE REGISTRATION 2025-2026**

**Student First & Last Name** \_\_\_\_\_

**Please place an X next to either Exploratory or Beginning Band for your elective classes for 6th grade. If you take Exploratory, you will get both Computer Keyboarding and STEM for 1 quarter each, plus a semester of PE.**

**Band is a full-year class and would be your one and only elective for the entire year if you choose that.**

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**EXPLORATORY**

**COMPUTER KEYBOARDING:** In this 9 week class, students will work on keyboarding skills, along with an introduction to Word, Excel, PowerPoint and P.C. Paint in creating projects covering all of the academic core subjects and sports, art, music and shop/design.

**STEM:** In this 9 week class students will integrate the STEM fields through project based learning. Students will be engaged in frequent hands-on activities that encourage creativity and collaboration to solve problems.

**P.E.:** In this semester class students will participate in activities such as basketball, volleyball, badminton, floor hockey, lacrosse, softball and flag football. Units are typically Monday-Thursday with Friday being a fitness run and game day.

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**BEGINNING BAND**

In this full-year class, students will learn to play a band instrument, develop their musical ability, and have fun while doing so. Students must provide their own instrument which may be a flute, clarinet, alto or tenor saxophone, French horn, trumpet, trombone or snare drum. **If you sign up for this class, please plan to make a full-year commitment to it.**

**POST FALLS MIDDLE SCHOOL**  
**7<sup>TH</sup> GRADE REGISTRATION 2025-2026**

Student First & Last Name \_\_\_\_\_

**Required Courses:** Students will take a full year of **English, Science, Social Studies, Math** and a semester each of **Health** and a **PE** class.

**Electives:** Students take 2 semester electives per year or a full year of Band. Please choose 4 electives in case one or more of your choices are not available.

**Mark 1, 2, 3, 4 (according to preference) in the square next to the description**

	<b>ART:</b> Students will study the elements and principles of design. We will be working in a variety of art media and students will strive to create their own style. We will also delve into the importance of art and how it has grown and developed throughout the years. Students will be introduced to ceramics and will create and glaze projects over a month's time.
	<b>SHOP:</b> Students will learn the basics of shop safety and how to safely use hand tools and a few power tools. They will also learn how to measure using a ruler and a tape measure. You will complete shop projects such as: small scale building project, piggy bank project, flight project, and a personal choice project.
	<b>POTTERY:</b> Students will learn about this particular artistic medium. We will create ceramic pieces that relate to specific art movements and also the imagination of the students. We will work together in groups and individually. Students must be able to work well with others and move throughout the classroom in an orderly manner.
	<b>ARTS AND CRAFTS:</b> This course will teach students to be able to express themselves in a wide range of crafts from drawing, 2-D design –low relief sculpture, image making, lettering, painting, and 3-D construction of objects. Students will develop a sense of personal identity, self-esteem; enhance imagination, creativity, originality, and ingenuity.
	<b>YOUNG LIVING:</b> There will be a hands-on time of learning cooking skills in the kitchen, while also studying nutrition. We then follow with childcare basics where students will learn what it takes to be a responsible babysitter. We finish the class with sewing where an embroidered pillow will be completed.
	<b>GRAPHIC DESIGN:</b> This is a project driven class that will focus on the use of Adobe Photoshop and Adobe Illustrator. It will challenge students by delving deep into the features of both programs while digitally designing a variety of projects. Projects will include custom stickers, billboards, cartoon art, Google classroom banners, movie posters, animated GIFs, video shorts, shoe design, and more.
	<b>VIDEO PRODUCTION:</b> Students will learn the basics of camera functions, video editing, production techniques, production roles and general filmmaking techniques while using the Adobe Creative Cloud suite - which will include: Adobe Photoshop, Adobe Audition, Adobe After Effects and Adobe Premiere Pro. Students will work individually and in groups to write, shoot and edit video based projects.
	<b>MINECRAFT EDUCATION CODING:</b> Coding class that allows students to build and problem solve in the world of Minecraft using Block Coding, Javascript and Python. Students will evaluate code sequences that include loops, variables and logic to determine which concepts are most efficient methods of coding while developing file storage strategies that best meet the needs of large projects.
	<b>ROBOTICS:</b> For students interested in the design, engineering and programming of robots or another similar technical career. Designed to explore the past, current, and future use of automation technology in industry and everyday use. Focuses heavily on prior knowledge from Science, Technology, Engineering, and Mathematics (STEM) related courses. The students will receive a comprehensive overview of robotic systems and the subsystems that comprise them.
	<b>YEARBOOK:</b> In this one semester class student's work collaboratively to create and publish the school's yearbook. Students will accurately write articles and design pages with photographs, using eDesign. They will follow deadlines, learn about fair and equal representation, and be successful at advertising and professional communication skills.
	<b>SPARTAN GARDEN:</b> Students will participate in typical gardening tasks, such as planning, planting, caring and harvesting of fruits, vegetables and flowers. Plants, insects, birds, soil and weather will all become part of the learning process. Students will have the opportunity to work and learn outside in the Spartan garden and greenhouse. Opportunities may include: Creating a worm farm, starting a mason bee colony, building a bird feeder, designing a water feature, starting an aquaponics or hydroponic garden.
	<b>CHOIR:</b> This can be one semester or a full year. It's a performance-oriented class open to all who enjoy singing. Main concepts covered include the basic fundamentals of music and music reading, breath control, vocal production and technique, diction, and performance skills. Students will participate in one evening concert per semester as well as contests/festivals.
	<b>INTERMEDIATE BAND:</b> A full-year class dedicated to music education and performance for those interested in instrumental music. You must have at least one year of experience on one of the following instruments: flute, double reeds, clarinet, sax, French horn, trumpet, trombone, baritone, tuba, or percussion. You must be able to read music and provide your own instrument.

**\*\*Select your PE classes on the back (you must take at least 1 but you can have more if you like) \*\***

**POST FALLS MIDDLE SCHOOL  
7<sup>TH</sup> GRADE REGISTRATION 2025-2026**

**All students must take at least one PE class below.** These are NOT part of your 4 choices from the front side of this form so please list another 4 below (1, 2, 3, 4).

	<b>GENERAL PE:</b> An activity based class consisting of Basketball, Volleyball, Badminton, Floor Hockey, Lacrosse, Softball, Flag Football. One day per week will be fitness run and game day.
	<b>LIFETIME SPORTS:</b> A physical education class that offers alternate units than the general PE class. Units include bowling, ping-pong, ice skating, archery, tennis, pickle ball and other aerobic physical fitness activities..
	<b>WEIGHT TRAINING/SPORTS CONDITIONING:</b> Includes a variety of age appropriate weight training workouts with an emphasis on core strength, technique and safety. Speed and agility training will also be provided. These workouts are beneficial for all students and allow for individualized goals and results.
	<b>PERSONAL FITNESS:</b> Students will create their own personal goals on their own personal fitness journey. Personal fitness will include activities such as walking, yoga, pilates, and weight training. Personal fitness will step away from traditional team sport activities and focus more on individual body weight exercises.

**POST FALLS MIDDLE SCHOOL**  
**8<sup>TH</sup> GRADE REGISTRATION 2025-2026**

**Student First & Last Name** \_\_\_\_\_

**Required Courses:** Students will take a full year of **English, Science, U.S. History, Math** and a semester of a **PE class**.

**Electives:** Students take 3 semester electives per year or a full year of Band plus 1 semester elective. Please choose 5 electives in case one or more of your choices are not available.

**Mark 1, 2, 3, 4, 5 (according to preference) in the square next to the description**

	<b>ART:</b> Students will study the elements and principles of design. We will be working in a variety of art media and students will strive to create their own style. We will also delve into the importance of art and how it has grown and developed throughout the years. Students will be introduced to ceramics and will create and glaze projects over a month's time.
	<b>POTTERY:</b> Students will learn about this particular artistic medium. We will create ceramic pieces that relate to specific art movements and also the imagination of the students. We will work together in groups and individually. Students must be able to work well with others and move throughout the classroom in an orderly manner.
	<b>SHOP:</b> Students will learn the basics of shop safety and how to safely use hand tools and a few power tools. They will also learn how to measure using a ruler and a tape measure. You will complete shop projects such as: small scale building project, piggy bank project, flight project, and a personal choice project.
	<b>YOUNG LIVING:</b> There is a hands-on time of learning cooking skills in the kitchen, while also studying nutrition. We then follow with childcare basics where students will learn what it takes to be a responsible babysitter. We finish the class with sewing where an embroidered pillow will be completed.
	<b>ARTS AND CRAFTS:</b> This course will teach students to be able to express themselves in a wide range of crafts from drawing, 2-D design, low relief sculpture, image making, lettering, painting, and 3-D construction of objects. Students will develop a sense of personal identity, self-esteem; enhance imagination, creativity, originality, and ingenuity.
	<b>GRAPHIC DESIGN:</b> This is a project driven class that will focus on the use of Adobe Photoshop and Adobe Illustrator. It will challenge students by delving deep into the features of both programs while digitally designing a variety of projects. Projects will include custom stickers, billboards, cartoon art, Google classroom banners, movie posters, animated GIFs, video shorts, shoe design, and more.
	<b>VIDEO PRODUCTION:</b> Students will learn the basics of camera functions, video editing, production techniques, production roles and general filmmaking techniques while using the Adobe Creative Cloud suite - which will include: Adobe Photoshop, Adobe Audition, Adobe After Effects and Adobe Premiere Pro. Students will work individually and in groups to write, shoot and edit video based projects.
	<b>ROBOTICS:</b> For students interested in the design, engineering and programming of robots or another similar technical career. Designed to explore the past, current, and future use of automation technology in industry and everyday use. Focuses heavily on prior knowledge from Science, Technology, Engineering, and Mathematics (STEM) related courses. The students will receive a comprehensive overview of robotic systems and the subsystems that comprise them.
	<b>SPARTAN GARDEN:</b> Students will participate in typical gardening tasks, such as planning, planting, caring and harvesting of fruits, vegetables and flowers. Plants, insects, birds, soil and weather will all become part of the learning process. Students will have the opportunity to work and learn outside in the Spartan garden and greenhouse. Opportunities may include: Creating a worm farm, starting a mason bee colony, building a bird feeder, designing a water feature, starting an aquaponics or hydroponic garden.
	<b>YEARBOOK:</b> In this one semester class student's work collaboratively to create and publish the school's yearbook. Students will accurately write articles and design pages with photographs, using eDesign. They will follow deadlines, learn about fair and equal representation, and be successful at advertising and professional communication skills.
	<b>CHOIR:</b> This can be one semester or a full year. It's a performance-oriented class open to all who enjoy singing. Main concepts covered include the basic fundamentals of music and music reading, breath control, vocal production and technique, diction, and performance skills. Students will participate in one evening concert per semester as well as contests/festivals.
	<b>ADVANCED BAND:</b> This is a full year class dedicated to music education and performance for those interested in instrumental music. You must have at least 2 years of experience on one of the following instruments: flute, double reeds, clarinet, sax, French horn, trumpet, trombone, baritone, tuba, or percussion. You must be able to read music and provide your own instrument.

**\*\*Select your PE classes on the back (you must take at least 1. Maximum 2.) \*\***

**POST FALLS MIDDLE SCHOOL  
8<sup>TH</sup> GRADE REGISTRATION 2025-2026**

**All students must take at least one PE class below.** These are NOT part of your 4 choices from the front side of this form so please list another 4 below (1, 2, 3, 4).

	<p><b>GENERAL PE:</b> An activity based class consisting of Basketball, Volleyball, Badminton, Floor Hockey, Lacrosse, Softball, Flag Football. One day per week will be fitness run and game day.</p>
	<p><b>LIFETIME SPORTS:</b> A physical education class that offers alternate units than the general PE class. Units include bowling, ping-pong, ice skating, archery, tennis, pickle ball and other aerobic physical fitness activities..</p>
	<p><b>WEIGHT TRAINING/SPORTS CONDITIONING:</b> Includes a variety of age appropriate weight training workouts with an emphasis on core strength, technique and safety. Speed and agility training will also be provided. These workouts are beneficial for all students and allow for individualized goals and results.</p>
	<p><b>PERSONAL FITNESS:</b> Students will create their own personal goals on their own personal fitness journey. Personal fitness will include activities such as walking, yoga, pilates, and weight training. Personal fitness will step away from traditional team sport activities and focus more on individual body weight exercises.</p>