

Welcome To River City Middle School

1505 N. Fir Street
Post Falls, ID 83854
Phone: (208) 457-0933
Fax: (208) 457-1673

Registration Information

For new students entering the Post Falls School District, The following items are required at the time of registration:

1) Completed Registration Forms

Please print and complete the attached registration forms below.

- Student Registration Form
- Authorization to Release Information
- Enrollment of New Student Confirmation Status
- Statewide Home Language Survey
- Families in Transition Mobility Survey
- Idaho Migrant Education Program, Parent Employment Survey
- Student Acceptable Internet Use Agreement
- Student Scheduling Sheet
- Authorization for Administration of Tylenol/Ibuprofen (optional)

2) Copy of Birth Certificate

3) Immunization Records

4) Proof of Post Falls Residency that is within
River City Middle School Boundaries.

* (Must be water bill, electrical bill, mortgage agreement or rental agreement.)

5) Current Last Grades From Previous School

Please turn all completed documents into the office of River City Middle School. Once we receive all documents needed to enroll your child, a schedule will be emailed to you.

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 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 _____

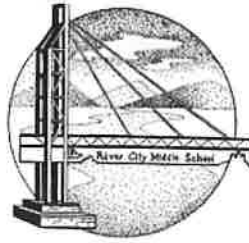
LEGAL RESTRICTIONS

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 _____

River City Middle School
1505 N. Fir Street
P.O. Box 40
Post Falls, ID 83854
Phone: (208) 457-0933
Fax: (208) 457-1673



Principal - Mr. Andy Preiss
Vice Principal - Mrs. Emily Wells

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 208-457-1673**

Registrar: tarra.reardon@sd273.com

Please mail Cumulative file and any Special Ed records to:
River City 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: _____

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

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

Special Services

___ 504

___ IEP

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

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.

<u>Student Name:</u>		<u>Date:</u>	
<u>Birthdate:</u>		<u>Gender:</u>	Male Female
<u>School:</u>		<u>Grade:</u>	

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?



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, 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



POST FALLS
SCHOOL DISTRICT #273

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



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:

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

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

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 included 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.

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: _____

Section Title: Information Network Acceptable Use
Applicable Procedure Regulations: 508.9a, 508.9b
Adopted: 2/12/96
Revised: 9/12/11
Reviewed: 2017, 2021

Student Name: _____ Grade: _____

To better assist us in scheduling your child please fill in the applicable information on the form below.

Please mark yes to all that apply.

My student is serviced for a/an:

IEP Yes No Behavior Plan Yes No 504 Yes No MTSS Yes No

My student is currently taking advance placement classes: (Please plan to meet with the counselor)

Math Yes No ELA Yes No

Additional information:

6th Graders

All 6th graders participate in either our music program OR our elective wheel. Please note: band does require the student to provide an instrument; however, RCMS does have a limited supply of instruments. Please check with the instructor if your child would need the use of one of these.

Please mark your first choice:

Band (requires the student to provide an instrument)

Choir

Elective Wheel (Quarter Based Classes. May include: Geography, Exploratory Music, Healthy Living, PE and/or Art)

Rank your top 4 elective choices below. (Write 1 for your 1st choice, 2 for your 2nd choice)

7th Graders

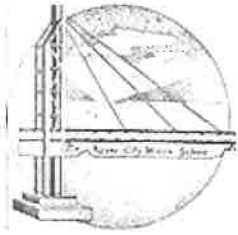
8th Graders

- _____ Art
- _____ Shop
- _____ Graphic Design
- _____ Hands on History
- _____ Digital Design
- _____ Study Skills
- _____ Band (Full Year commitment)
- _____ Coding
- _____ Choir (Full Year commitment)

- _____ Art
- _____ Shop
- _____ Graphic Design
- _____ Hands on History
- _____ Digital Design
- _____ Study Skills
- _____ Band (Full Year commitment)
- _____ Coding
- _____ Choir (Full Year commitment)

8th graders have the option to take a Walk Fit Health course which will serve as their PE and Health credit. Would you like to take Walk Fit Health Yes No

*Walk fit Health: Quarters 1 & 4: Walk the Track
Quarters 2 & 3: Health Curriculum



River City Middle School 7th & 8th Grade Elective Description

ART : students will be introduced to the elements & principles of art. They will explore the importance of art and how it affects everyone's life. The main art medium of interest will be drawing, painting, scratch board, sculpture & ceramics.

BAND: Band is dedicated to music education and performance for those interested in instrumental music. You will become proficient on one of the following instruments: flute, double reeds, clarinet, sax, French horn, trumpet, trombone, baritone, tuba, bass or percussion. You will learn to read music. **You are required to provide the instrument.**

CHOIR: This is a yearlong 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.

CODING: Come learn to design interactive web pages using current code practices. We will use notepad++ and The Khan Academy to teach HTML5, CSS, and Java script.

DIGITAL DESIGN: This class is about creating art that is made or presented using digital technology

GRAPHIC DESIGN: This class is a project driven semester class that will focus solely on the use of Adobe Photoshop. It will challenge all by delving deep into the features of Photoshop and using these features to create projects. Creativity is a must in the Graphics Design field, so come ready to work hard and be artistic.

HANDS ON HISTORY: "Hands-On History examines our past, explains our present, and imagines our future. It's the history about you, me, and everything else; one that we will explore through projects, games, art, and creative writing."

SHOP Students will learn the basics of shop safety and how to safely use all types of tools to include both hand and power tools. Students will complete several shop projects throughout the semester and learn a variety of building techniques.

STUDY SKILLS: This class will offer you extra time to work on assignments as well as receive support on core class instruction.

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 & 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:
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