Virtual Prep Academy of Idaho Student Enrollment Form

First Day of Enrollment_____ Grade Level_____

Students' **LEGAL** Name:_____

First/Given Middle Surname/Family Name

Also Known As:_____ Last School Attended_____

Date of Birth:_____ School Email_____ and Phone_____

Male_____ Female_____ School Address_____

Special Services at previous School? Yes_____ No_____

If yes, Program_____

Ethnicity *(Optional) Circle all that apply*

- ◊ *Am Indian/Alaska Native*
- ◊ *Asian*
- ◊ *Black/African Am*
- ◊ *Pacific Islander*
- ◊ *White*
- ◊ *Hispanic*

Custodial Information (If applicable)

Custody _____Mother _____Father _____Joint

Non Custodial Parent: _____Permission to see _____Pick up

Transportation ☐

Generally, a student is eligible for bus transportation if their residence is 1.5 miles or more from their school, or within a board-approved safety bussing area. If you believe your click is eligible, check here to apply for school bus transportation.

For Office Use Only

- ◊ Certified Birth Certificate
- ◊ Immunization Records
- ◊ Health History
- ◊ Proof of Residency
- ◊ Home Language Survey
- ◊ Check-Out from previous school

Primary Household

Home Phone Number_____ Private ☐

Effective Date_____

Resident Address_____

_____

Mailing (if different)_____

_____

All Children Living in the Primary Household

Legal Name	M/F	D/O/B	Grade	School Child Attends

Parent /Guardian (Living in this Household) Infinite Campus_____ Parent Access_____ Mailing_____

Name _____Relation to Student_____

Employer_____ Work Phone_____

Email _____ Cell Phone_____

Military _____Yes _____No If Yes which branch_____

Parent /Guardian (Living in this Household) Infinite Campus_____ Parent Access_____ Mailing_____

Name _____Relation to Student_____

Employer_____ Work Phone_____

Email _____ Cell Phone_____

Military _____Yes _____No If Yes which branch_____

Secondary Household - *If the student lives in both households please check here* ☐

Parent /Guardian (Living in this Household) Infinite Campus_____ Parent Access_____ Mailing_____

Address_____

Name _____Relation to Student_____

Employer_____ Work Phone_____

Email _____ Cell Phone_____

Military _____Yes _____No If Yes which branch_____

Parent /Guardian (Living in this Household) Infinite Campus_____ Parent Access_____ Mailing_____

Name _____Relation to Student_____

Employer_____ Work Phone_____

Email _____ Cell Phone_____

Military _____Yes _____No If Yes which branch_____

Emergency Contacts

Name_____ Cell Phone_____

Relation to student_____Work Phone_____

Name_____ Cell Phone_____

Relation to student_____Work Phone_____

Name_____ Cell Phone_____

Relation to student_____Work Phone_____

Name_____ Cell Phone_____

Emmett School District Parent/Guardian Authorizations

Acceptable Use of Network:

☐ I have received a copy, and I will read the Student Acceptable Use Policy.

☐ I give my permission for my child to access all components of the district network and release the district from any, and all claims and damages of any nature arising from the use of this network.

Student Handbook:

☐ I have received a copy, and I will read the Student Code of Conduct.

Field Trips:

☐ I give permission for my child to attend any field trips or excursions planned by the school. Students will travel in a school district bus, van driven by a district-designated driver, or a charter bus with school staff chaperones. I will write a note informing the staff if my child will not be participating.

Student Injuries:

Even with the greatest precautions and the closest supervision, accidents can and do happen at school. They are a fact of life, and a part of the growing-up process our children go through. Parents need to be aware of this and be prepared for possible medical expenses that may arise should their child be injured at school. The school district does not provide medical insurance to automatically pay for medical expenses when students are injured at school. This is the responsibility of the parents or legal guardians. The district carries only legal liability insurance. The district 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 year, and are available at the school office yearlong. Parents, please be prepared to pay for your child's possible medical expenses.

I have read and understand the above information:

Signature_____ **Printed** _____

Name_____ **Date**_____

Virtual Prep Academy of Idaho

Media Opt-Out Form

This form is only necessary to opt out of media release for a student. Please skip this form if opting out is not needed.

We love celebrating our students and their accomplishments! This often includes sharing their names, photos, and achievements in various ways. Your child's name or image may appear in the school yearbook, school or district publications, on our websites, or social media platforms. We may also highlight student achievements or events through local newspapers, TV, and radio.

Examples include: yearbook photos, classroom activities and performances, athletic competitions, awards and recognition, and spirit and dress-up days. Please note that these publications may be accessible to the public.

If you do **NOT** want your child's name, photo, video, participation in activities or sports, or achievements to be shared in any form — including the yearbook — please complete the opt-out section below.

Important: By completing this form, your child will be excluded from all school or district publications. If opting out is not necessary, this form does not need to be completed.

☐ I do **NOT** give permission for my child's name, photo, video image, participation in activities or sports, or achievements to be shared in school or district publications (including yearbooks), posted on school or district websites or social media, or released to media outlets.

☐ I do **NOT** give permission for my child's name, photo, image, participation in activities sports, or achievements to be share in any way, **except in the school yearbook.**

Student Name_____**Date:**_____

Parent Guardian Name _____

Parent Signature_____

Please note: If your child participates in public events (such as athletic games, concerts, or drama productions open to the community), the school/district may have limited or no control over photos or videos taken by the public or media.

Medical Information/ Emergency Release

Student Name_____**Birth Date** _____**Sex: ☐Male ☐Female**

Primary Care Physician_____**Physician Phone Number**_____

Over-the-Counter Medication Authorization

I give permission for the school nurse and/or authorized personnel to give my child the following:

Acetaminophen/Tylenol ☐ Yes ☐ No Ibuprofen/Advil ☐ Yes ☐ No

Health History

Life Threatening Allergic Conditions (check all that apply)

Medication required ☐Epinephrine ☐Diphenhydramine/Benadryl

☐ Bug bites/Insects: _____

☐ Tree nuts/Peanuts: _____

☐ Food products: _____

☐ Other severe allergies: _____

Please check the box if your child has a history of any of the following. More space on back for details

☐ Asthma	☐ Headaches/Migraines Frequency	☐ Seizure Disorder Type
☐ Attention Concern ☐ ADD ☐ ADHD	☐ Head injury history	☐ Skin Concern
☐ Behavioral Concern	☐ Hearing Concern ☐ Hearing Aids	☐ Stomach/ Intestinal Disorder
☐ Cardiovascular/Heart Concern	☐ Kidney/Bladder Concern	☐ Vision Concern ☐Glasses/ Contacts
☐ Developmental Delay	☐ Muscle/Joint/Bone Disorder	☐ Currently under a physician's care for:
☐ Diabetes ☐Type 1 ☐Type 2 ☐ Pump ☐ CGM	☐ Nervous System Disorder	☐ Past Major Illness/Injury
☐ Emotional Concern ☐ Anxiety	☐ Seasonal Allergies	☐ Past Hospitalizations/Surgeries

Describe any physical conditions/disabilities not listed above: _____

_____

Current Medications the student is taking: _____

I give permission to share this information with staff who need to know:

_____ _____ _____

Printed name Signature Date

Phone Number H: _____**C:**_____**Other:** _____

Medical Consent (Signature Required)

We hereby consent to the treatment of our minor child by a medical physician or medical personnel at any hospital OR temporary treatment by a registered or licensed practical nurse or emergency medical technician until a medical physician can be obtained for any illness or injury to our minor child while on or adjacent to any school grounds of the Emmett School District. This consent shall include, but not be limited to, any surgery deemed required or desirable for immediate health and medical treatment of our child. This consent shall be effective only if none of the undersigned can be contacted or found by reasonable diligence at the time of the needed medical treatment. This consent shall terminate as soon as any of the undersigned are contacted, in which case further medical treatment can be done only with the consent of the person contacted. This consent shall be valid unless and until revoked in writing by one of the undersigned.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name _____

Use this space if needed for more detail.

Name_____ Date of Birth_____

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:

	☐ **Any Crops** Examples: corn, potatoes, beans, wheat, sugar beets, fruits, hops, alfalfa, etc. or field preparations		☐ **Any Livestock** Examples: cattle, pigs, sheep, chickens, dairy
	☐ **Processing agricultural products** Examples: (Sorting, packing, cutting, etc.) onions, potatoes, meat, fruit, trees, etc.		☐ **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

Statewide Home Language Survey - Emmett School District

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.

Student Information	Please Indicate Response
Date:	
Student Name	
Student Birthdate	
School	
Gender:	☐ Male ☐ Female
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 used for 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?

_____

Emmett Independent School District

Student Residency Questionnaire

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive. *(McKinney-Vento Act 42 U.S.C. 11435)* The information you provide is confidential. *Your child will not be discriminated against based upon the information provided.*

Student Name	School

Is the student living with a parent or legal guardian? Yes ☐ No ☐

If no, with whom is the student living? Relationship to student?

Check (✓) one	*Please identify the student's current living arrangement*	For School Use
	1 - Permanent Housing - Rent/own a home/apartment or Doubled-up residency NOT due to economic hardship *Please provide address*_____	P
	2 - Doubled-up - ***Temporarily*** living with family or friends due to loss of housing, economic hardship, or similar reason *Please provide address(es)*_____	D
	3 - Shelter - Living in emergency or transitional shelter *Please provide name of shelter*_____	S
	4 - Hotel/Motel - ***Temporarily*** because of lack of other suitable housing *Please provide name of hotel*_____	H
	5 - Other Temporary Living Situation - In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.	U

Have you moved in the past 3 years to seek work as a paid laborer in any type of farming or fishing? Yes ☐ No ☐

If you checked any of the options 2, 3, 4 or 5, please answer the following:

How long do you expect to be at this address?_____

Are you seeking permanent housing?_____

Date student moved to this address?_____

Please list names of any brothers/sisters below:

Last Name	First name	School

The undersigned certifies that the information provided above is accurate.

Name of individual filling out form (please print)	Signature	Relation to student	Date

Note: Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof or residency, school records, and immunization records. District Liaison will help the student get any necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to other supports/services provided by the district.