

NOTUS SCHOOL DISTRICT #135
25257 NOTUS ROAD
CALDWELL, IDAHO 83607

Grades 7-12 Transcript _____

Birth Certificate _____
Immunization Record _____
Proof of Address _____

Returning Students - Any changes to addresses, phone numbers and/or emails? Yes No

NOTUS - STUDENT REGISTRATION PACKET

Today's Date: _____ Interested in joining: Yes ☐ PTO (Elementary) Yes ☐ Boosters (Jr/Sr High)

Student's Name: _____

First

Middle

Last

Physical Address: _____

Home Phone #: _____

Street

City

State

Zip

Mailing Address: _____

Street/P.O. Box #

City

State

Zip

Grade: _____

Birth Date: _____

Birth Place: _____

Month

Day

Year

Mother's Name: _____

Contact- YES NO

PLEASE CIRCLE ONE IF IT APPLIES: Step-mother Grandmother Legal Guardian

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Consent to receive SMS: YES NO

Home Address: _____

Street

City

State

Zip

Mailing Address: _____

Street

City

State

Zip

E-mail Address: _____

Father's Name: _____

Contact- YES NO

PLEASE CIRCLE ONE IF IT APPLIES: Step-father Grandfather Legal Guardian

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Consent to receive SMS: YES NO

Home Address: _____

Street

City

State

Zip

Mailing Address: _____

Street

City

State

Zip

E-mail Address: _____

*Standard Student Residency Information

Where is this student presently living? Please check the box that applies:

☐ I rent/own my home

☐ In a shelter, transitional housing, or awaiting foster care

☐ With more than one family in a house or apartment due to loss of housing or economic hardship

☐ In a temporary trailer, campground, car, or park

☐ In a hotel or motel

☐ Living with Grandparents

*Student Lives With: Parents _____ Mother _____ Father _____ Other _____

*Who has legal custody? Mother _____ Father _____ Other _____

*Has student attended Notus Schools before? Yes _____ No _____

*Last School Student Attended: _____

Phone #: _____

Please check if student has an IEP _____ or 504 _____

***Please list any alternate parent information.**

Mother's Name: _____ Contact- YES _____ NO _____

PLEASE CIRCLE ONE IF IT APPLIES: **Step-mother** **Grandmother** **Legal Guardian**

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____

Street _____ City _____ State _____ Zip _____

Mailing Address: _____

Street _____ City _____ State _____ Zip _____

E-mail Address: _____

Father's Name: _____ Contact- YES _____ NO _____

PLEASE CIRCLE ONE IF IT APPLIES: **Step-father** **Grandfather** **Legal Guardian**

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____

Street _____ City _____ State _____ Zip _____

Mailing Address: _____

Street _____ City _____ State _____ Zip _____

E-mail Address: _____

EMERGENCY CONTACT INFORMATION

**Please make certain that this information is valid.*

1. Contact Name: _____ Relationship: _____

Phone#: _____ Contact may pick up student from school: Yes _____ No _____

(Circle one) **Home** **Cell** **Work**

2. Contact Name: _____ Relationship: _____

Phone#: _____ Contact may pick up student from school: Yes _____ No _____

(Circle one) **Home** **Cell** **Work**

3. Contact Name: _____ Relationship: _____

Phone#: _____ Contact may pick up student from school: Yes _____ No _____

(Circle one) **Home** **Cell** **Work**

Please, if you will, mark one or more racial identities which best portray your family:

_____	American Indian / Alaskan Indian
_____	Asian
_____	Black / African American (not of Hispanic origin)
_____	Native Hawaiian / Other Pacific Islander
_____	Hispanic/ Latino
_____	White

Please, if you will, mark one ethnic identity:

_____	Hispanic / Latino
_____	Not Hispanic or Latino

****Is the student a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, Space Force 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, Space Force or Air Force)."*** Yes _____ No _____

Notus School District #135
Acceptable Use Contract for
Electronic Information, Services and Network

The following agreement is a commitment by the students and parents to use the school equipment appropriately. The Notus School District is committed to providing the best educational opportunities possible in computer education. For this reason, the Notus School District is pleased to offer its students access to computer workstations, networks, and the Internet. ***Access is a privilege not a right.***

While the District's intent is to make access to technology available in order to further educational goals and objectives, students may find other ways in which to use materials. Families should be aware that some materials accessible via the Internet might contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. In addition, it is possible to purchase certain goods and services via the Internet, which could result in unwanted financial obligations for which a student's parent or guardian would be liable.

According to Notus School District Policy, the following use of District-Provided Services are **not permitted**:

- A. Accessing, uploading/downloading or distributing pornographic, obscene or sexually explicit material.
- B. Accessing or transmitting obscene or sexually explicit language or any material that is defamatory, inaccurate, abusive, profane, threatening, racially offensive, or illegal, or that encourages the use of controlled or illegal substances.
- C. Violating any local or federal statute.
- D. Vandalizing, damaging or disabling the property of another person or organization.
- E. Accessing another person's material, information or files without the implied direct permission of that person.
- F. Violating copyright, or otherwise use another person's intellectual property without prior approval or proper citation.
- G. **Accessing any virtual communication including but not limited to: all social media sites/apps (Facebook, InstaGram, SnapChat etc.), personal emailing account (unless authorized by teacher), Proxy Servers.**
- H. Using District provided Internet access for commercial activities by for-profit organizations, product promotion, political lobbying or illegal activities.
- I. Removing, installing, or altering any programs, other than those approved by the school and/or the instructor.
- J. Using the network in a way that disrupts the use of the network for other users.
- K. Sharing passwords.
- L. Vandalizing equipment, data of another user, the network, or any of the agencies or other networks that are connected to the Internet. This includes, but is not limited to, the creation or knowing transmission of computer viruses.

Toward this end, any student who violates any of the above may be removed from the class he/she is enrolled with a grade of an "F" and that student may be denied access to any computer while attending Notus School District for a period of not less than one school year. The student may also be subject to further disciplinary action and/or financial obligation for replacement/repairs.

Security on the computer system is a high priority. If a user can or thinks he/she can identify a security problem on the network, the user must notify a system administrator or teacher. Users having accounts or passwords may not let others use the account or password.

Users must refrain from any use that is not consistent with the policies, purposes, or objectives of the Notus School District. For further information about legal issues related to this contract, see the Notus School District policy manual and Idaho Code Section 18-2201, 18-2202, and 9-340.

NOTUS SCHOOL DISTRICT #135
BOARD POLICY 3270F
INTERNET ACCESS CONDUCT AGREEMENT

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the Notus School District's policy regarding District provided Access to Electronic Information, Services, and Networks (Policy No. 3270). Should I commit any violation or in any way misuse my access to the District's computer network and/or the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.

User's Name (Print): _____ Home Phone: _____

User's Signature: _____ Date: _____

Status: Student _____ Staff _____ Patron _____ I am 18 or older _____ I am under 18 _____

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent or Legal Guardian. (If applicant is under 18 years of age, a parent/legal guardian must also read and sign this agreement.) As the parent or legal guardian of the above named-student, I have read, understand and agree that my child shall comply with the terms of the District's policy regarding District provided access to electronic information, services and networks for the student's access to the District's computer network and/or the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's responsibility for abiding by the policy. I am, therefore, signing this Agreement and agree to indemnify and hold harmless the District, the trustees, administrators, teachers and other staff against all claims, damages, losses, and costs, of whatever kind, that may result from my child's use of his/her access to such networks or his/her violation of the District's policy. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting. I hereby give my child permission to use the building-approved account to access the District's computer network and the Internet.

Parent / Legal Guardian (Print): _____

Signature: _____

Home Phone: _____ Address: _____

Date: _____

This Agreement is valid for the 2026-2027 school year only.

IMPORTANT NOTICE TO PARENTS CONCERNING STUDENT ATTENDANCE

It is the intent of the Board of Trustees to have students attend school on a regular basis. Regular and consistent attendance results in increased learning. It is also the intent of the Board of Trustees to have the regular classroom teacher present whenever possible. A student's presence in the classroom with the regular teacher contributes to time on task, and time on task attributes directly to learning.

All students must be in attendance in each classroom **90%** of the time when that class is in session. No credit will be granted to students missing more than **seven (7) absences** in a class that meets daily during the semester. The administration shall adjudicate absences where the total number of days is brought below seven (7) days through doctor's excuses and legitimate illness.

The ONLY absences that WILL NOT be used in calculating the attendance record are:

- A. Those that occur due to school-sponsored activities, since these are considered an equivalent educational experience. These exemptions will apply to students participating in sports events, cheerleading; music related events, FFA trips, school sponsored academic field trips, and others deemed co-curricular.
- B. Bereavement in the immediate family (grandmother, grandfather, father, mother, sister, brother). Any extended bereavement may be reviewed by the Attendance Board;
- C. Subpoenas to appear in court or court-ordered, out-of-district placements for special services; and
- D. Illness or hospitalization verified by a doctor's statement.

In addition: Students who are absent from school for any reason will not participate in extracurricular practice or games on the date of the absence. The only exception will be for up to four periods, if the absence was the result of a licensed dentist or licensed doctor appointment verified by a written statement on dentist/doctor letterhead.

I HAVE READ AND UNDERSTAND THIS NOTICE.

Student Name

Grade level

Signed (Parent and/or Legal Guardian)

Date

Signed (Student)

Date

Notus School District #135
Video/Photo Release Form

On occasion film or photography crews from outside of our school organization are on campus to do positive illustrations of our school and district. This form is intended to allow your son or daughter to participate and be filmed/photographed in this process.

I hereby authorize Notus School District #135 to publish the photographs taken of myself and/or the undersigned minor child, and our names, for use in the Notus School District's printed publications and/or website.

I release Notus School District from any expectation of confidentiality for the undersigned minor child and myself and attest that I am the parent or legal guardian of the child listed below and that I have the authority to authorize Notus Schools to use their photographs and names.

I acknowledge that since participation in publications and/or websites produced by Notus Schools is voluntary, neither the minor child nor I will receive financial compensation.

I further agree that participation in any publication and/or website produced by Notus School District confers no rights of ownership whatsoever. I release Notus School District, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor child.

My child may be filmed or photographed in a classroom setting for use by legitimate media sources, news or magazine groups such as KTVB or Idaho Press Tribune. Yes _____ No _____

My child may be filmed or photographed in a classroom setting, athletic or other Notus District sponsored activity for use by District Personnel on the Notus District Website, in yearbooks or Notus District media platforms.

Yes _____ No _____

This consent shall remain valid unless and until revoked in writing by the undersigned. This release form shall remain valid for the **2026-2027** school year.

Parent/Guardian Name

Date

Parent/Guardian Signature

Student's Name

Student's Grade

Notus School District #135

Home and School Compact

Student: It is important that I do my best. I know my parents and teachers want to help me, but I am the one who has to do the work. So, I will:

- Believe that I can and will learn.
- Be responsible for my behavior.
- Give work and school papers to my parent/caregiver.
- Pay attention and ask for help when needed.
- Complete class work on time and to the best of my ability.

Name: _____

Date: _____

Parent/Caregiver: I want my child to succeed. I will encourage him/her by doing the following:

- Encourage positive attitudes about school.
- Support the school discipline policy and school policies
- Make sure my child attends school regularly.
- Encourage my child to get enough sleep and to eat nutritious meals.
- Establish with my child a place and time to study and a daily reading time.

Name: _____

Date: _____

Classroom Teacher: I understand the importance of the school experience to every student and my position as a teacher and a role model. I agree to:

- Be aware of your child's needs.
- Communicate with you about your child's progress frequently.
- Teach basic concepts and skills to your child to meet state student achievement standards.
- Motivate and encourage your child to practice academics at home.
- Hold parent/teacher conferences annually.
- Deliver high quality curriculum and instruction.
- Provide materials for home to enhance literacy and other academic subjects.

Name: _____

Date: _____

School Principal/Building Administrator: I support and encourage student/parent/teacher compacts and partnerships. I will:

- Provide an environment that permits positive communication between the student, parent and teacher.
- Encourage teachers and parents to provide regular opportunities for practicing academics at school and at home.
- Provide equal and fair opportunities to access staff and the opportunity to volunteer.

Name: _____

Date: _____

Notus School District #135
General Field Trip Form

Throughout the school year your children may have the opportunity to participate in field trips of educational interest.

We would like to have these parent permission slips on file in advance so that no child will be denied the privilege of participating in a field trip because they forgot to return their specific permission slip in time. You will still be notified of the unique nature of the field trips as they are scheduled.

Thank you for your cooperation.

I, _____, hereby give my consent to allow my child,
(Print Parent Name)

_____, in the _____ grade, to participate in school field
(Child's Name)

trips through the 2026-2027 school year.

Parent/Guardian Signature

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:

 ☐ 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

Notus School District
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) did your student first learn?

3. Which language does your child speak with you?

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

5. Which language do you want for phone calls and letters?

6. What is your relationship to the child?
Mother _____ Father _____ Guardian _____ Other (specify) _____
7. Is there any additional information you would like the school to know about your child?

NOTUS SCHOOL DISTRICT MEDICAL CONSENT FORM

WE MUST HAVE THIS INFORMATION IN ORDER TO BETTER SERVE YOUR CHILD. THANK YOU.

DATE: _____ STUDENT NAME: _____ GRADE: _____

HEALTH HISTORY

Family Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

My Child _____ has the following medical conditions and/or allergies to the following:

Student's Name

Asthma _____ Diabetes _____ Bee Sting _____ Medication Allergies (please list) _____

Food Allergies (please list): _____

Currently takes medications: Yes _____ No _____ *If yes, please fill out the medical form. (Can get form from the building office.)

***ANY MEDICATIONS BROUGHT TO SCHOOL BY YOUR CHILD MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE AND BROUGHT TO THE OFFICE TO BE SECURELY STORED. ALL MEDICAL FORMS MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN FOR OUR RECORDS BEFORE MEDICATIONS CAN BE ADMINISTERED.

My child has any/some of the following: (Please list)

Health Problems: _____

Emotional Problems: _____

Physical Handicaps: Learning Disabilities _____ Other: _____

Surgeries, Past Illnesses, etc.: _____

Any changes in your child's health condition since last year?: _____

Comments: _____

**In the event that I am unable to be contacted, I do hereby authorize the officials of Notus School District #135 to seek emergency care by the school nurse, administration, a physician, hospital or medical facility, as deemed necessary by their judgment, for the above named student. I will not hold the school district financially responsible for the emergency care and/or transportation of said student.

This consent shall be valid unless and until revoked in writing by the undersigned.

Parent/Guardian's Signature: _____ Date: _____

Medical Consent Waiver (non-treatment)

I *decline* any and all medical treatment for my child, _____
Student's Name)

Parent/Guardian's
Signature: _____ Date: _____

IMPORTANT NOTICE TO PARENTS CONCERNING 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 that 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 the 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 school year, and are available at the school office.

Parents, please be prepared to pay for your child's possible medical expenses.

I have read and understand this notice.

Student Name

Date

Signed (Parent/Legal Guardian)

Date

STUDENTS

3500F

Student Health/Physical Screenings/Examinations - Notice of Health Services

NOTE: This form is to be provided to students' parents/guardians at the beginning of each school year.

Dear parent or guardian,

The purpose of this form is to provide notice of all health services offered or made available through the school by the District or by any private organizations and to provide notice of the District's policy on physical examinations and screening of students and to obtain parent/guardian consent for these services. The District's policy on Student Health/Physical Screenings/Examinations #3500 can be found in the Notus Policy Manual at

<https://www.notusschools.org/board-of-trustees/policy-manual>.

Additional information will be sent when available to parents providing the date and location of these services.

The District may also provide health care services without parent/guardian consent if District staff reasonably determines that a medical emergency exists and:

1. Furnishing the health care service is necessary to prevent death or imminent, irreparable physical injury; **or**
2. District staff can't contact the parent/guardian despite a reasonably diligent effort and the student's life or health would be seriously endangered by further delay in the furnishing of health care services.

The District will provide the following additional health services or examinations which can only be provided with parental permission or in the event of an emergency as described above:

Health Service or Exam		Initial to Indicate Permission to Conduct the Health Service or Exam
Dental Preventive Care	Fall/Spring	
Vision Screener	Fall/Spring	
Speech Screener (K-1)	Fall	
Student Well-being Assessment (7-12)		
St. Luke's Sport's trainer		
Preventative health and wellness services and screenings as described in Policy 3500 and associated forms.		
Administering or assisting of the administration of medication as described in Policy 3510 - added link		
First aid and emergency care as described in Policy 3540 - added link		

Student Name

Date

Parent Signature

Date

Parent Name (Printed)



Phone #: 208-455-2532

Fax #: 208-455-2534

www.brownbuscompany.com

Notus School District
Student Transportation Form

*****PLEASE PRINT & COMPLETE IN FULL*****

IS BUS TRANSPORTATION NEEDED? (circle one)	YES	NO
--	-----	----

LAST NAME:		GRADE:		SEX:	M F	DATE OF BIRTH:	
FIRST NAME:							
LAST NAME:		GRADE:		SEX:	M F	DATE OF BIRTH:	
FIRST NAME:							
LAST NAME:		GRADE:		SEX:	M F	DATE OF BIRTH:	
FIRST NAME:							

Parent / Guardian Name:				
PHONE #'S:	Home -	Work -	Cell -	Sitter -

HOME ADDRESS (Must be a street address, not P.O. Box #):

MAILING ADDRESS (If different from Home Address):

PICKUP ADDRESS (if different from Home Address, i.e. Sitter):

DROPOFF ADDRESS (if different from Home Address, i.e. Sitter):

EMERGENCY CONTACT PERSON

RELATIONSHIP TO STUDENT:

PHONE #'S:

PARENT / GUARDIAN SIGNATURE

DATE

OFFICE USE ONLY:

BUS #:		REGULAR PICK-UP LOCATION:		PICK-UP TIME:	
BUS #:		REGULAR DROP-OFF LOCATION:		DROP-OFF TIME:	

STUDENT HAS AN IEP: YES ☐ NO ☐IF YES, IS TRANSPORTATION PART OF IT? YES ☐ NO ☐