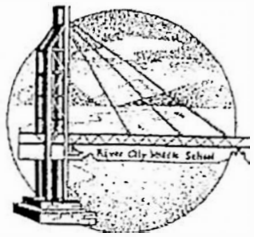
River City Middle School
1505 N. Fir Street
P.O. Box 40
Post Falls, ID 83854
Phone: (208) 457-0933
Fax: (208) 457-1673



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
FAXED
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: krystin.pate@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: _____ Date: _____
Parent/Guardian/Student (18 years or older)

PRINT: _____ Phone: _____

Post Falls School District #273 **Student Registration Form** **River City Middle School**

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: Does the child *currently* receive any of the following school-based special services?
504 Plan___ Special Education___ Speech/Language___ Occupational Therapy___ Physical Therapy___
Title I___ Gifted/Talented___ 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, 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, Air Force or Space 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.

1st Name_____Phone #_____ Relation to Student _____

2nd Name_____Phone #_____ Relation to Student _____

3rd 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 media? 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

Despite the utmost care and supervision, accidents can still occur at school. Parents may bear financial responsibility for accidents that take place on Post Falls School District property or within school facilities. As such, parents should be prepared to cover any medical expenses that may result from injuries sustained by their child while at school. If your child is not currently covered by medical insurance, it is strongly recommended that you consider obtaining additional accident coverage.

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_____

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.
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 messages 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 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 includes 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: 2/2/1996
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
2026-2027

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

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: _____

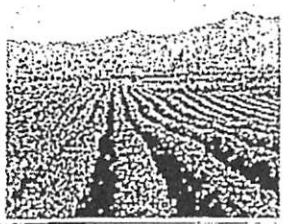
1. In the past three years, has your family lived in another school district? This includes other school districts in Idaho, or another state or country.

   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

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: _____

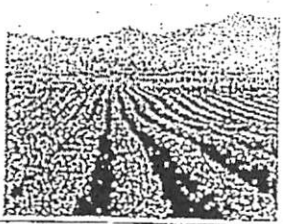
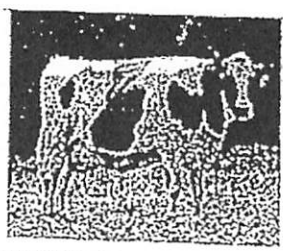
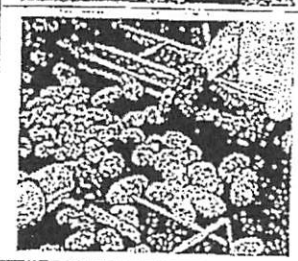
1. ¿En los últimos tres años, ha vivido su familia en otro distrito escolar? Esto incluye otros distritos escolares en Idaho, u otro estado o país.

   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)?

   Sí _____ (SIGA AL #3) No _____ (PARE AQUÍ)

   Por favor marque todos los que apliquen abajo:

	☐ Cualquier Cultivos Ejemplos: maíz, papas, frijoles, trigo, remolacha, frutas, lúpulo, alfalfa, etc.o preparación de campo		☐ Cualquier ganado Ejemplos: vacas, cerdos, ovejas, pollos, lechería
	☐ Procesamiento de productos agrícolas. Ejemplos: (Clasificación, empaque, corte, etc.) cebollas, papas, carne, frutas, árboles, etc.		☐ 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:	☐ 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 phone calls and letters? _____

7. What is your relationship to the child?

☐ Mother ☐ Father ☐ Guardian ☐ Other (specify) _____

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

   _____

Nutrition Services Registration Form SY 2026-2027

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, 2026 - June 30, 2027

Household Size	Annual	Monthly	Weekly
1	29,526	2,461	568
2	40,034	3,337	770
3	50,542	4,212	972
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
For each additional, add:	10,508	876	203

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

	I have already filled out an application for my household when registering another child for PFSD, school year 2026-- 2027 ☐	No, I do not qualify at this time for Free & Reduced meals. ☐

Please note: that you are required to fill out a new application each school year. The application for school year 2026-2027 must be completed/dated after July 1, 2026.

2026-2027 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	**$3.10**	**$5.30**
Milk	**$0.75**	**$0.75**

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

POST FALLS
SCHOOL DISTRICT #273

CONSENT for SCHOOL HEALTH SERVICES - Secondary

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

HEALTH SERVICES: Health Services across the district may be provided by an RN, LPN, Health Room Assistant, Athletic Trainer, Secretary or other staff as needed. **Each school's Health Office is primarily staffed by a Health Room Assistant (HRA) who is specially** trained on protocols developed by the registered nurse.

Health Room Assistants care for students by checking temperatures, providing basic first aid, and contacting parents or guardians when needed, while coordinating with a district registered nurse for further care. They also support student health by assisting with screenings, maintaining records, and working closely with staff and families to ensure a safe and healthy school environment.

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. Examples include ice, bandaids, non-steroidal itch cream, vaseline and burn cream.

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 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
- ☐ Ibuprofen/Advil
- ☐ Antacid/Tums

Print: Name of student	Print: Name of school	
Print: Name of parent/guardian	Signature of parent / guardian	Date