

**Post Falls School District #273
Frederick Post Kindergarten**

Student Registration Form

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 _____

List language(s) spoken in the home: _____

Siblings:

Name _____
 School/Grade _____

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.

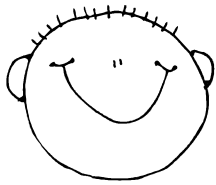
Parent/Guardian signature _____ Date _____

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 _____



Get to know my child



Date: _____

Child's name: _____ Birthdate: _____

Parent's name: _____ Phone #: _____

Please mark your 1st and 2nd choice of session.

_____ AM session (Monday 9:20 - 11:45 Tuesday - Friday 8:55 - 11:45)

_____ PM session (Monday - Friday 12:20-3:05)

_____ M, W, TH session - (Monday 9:20-3:05, Wednesday 8:55 - 11:45, Thursday 8:55 - 3:05)

Students must recognize a minimum of 10 letter names in order to be considered for this session.

_____ T, W, F session - (Tuesday & Friday 8:55 - 3:05 and Wednesday 12:20 - 3:05)

Students must recognize a minimum of 10 letter names in order to be considered for this session.

Special Services:

Has child previously received or is currently receiving any special services? Yes___ No___

Special Education___ 504 Plan___ Speech/Language___ Occupational Therapy___

Physical Therapy___ Health Alert___ Behavior assistance___ Other _____

Please share with us anything about your child that would help us to better place him/her.

What teacher qualities or personality traits do you feel would be most beneficial for your child's learning style?

TRANSPORTATION INFORMATION

AM SESSION: Transportation to school - Parents responsible to take home

PM SESSION: Parents responsible to take to school - transportation available home.

ALTERNATE DAY SESSIONS: Transportation available all 3 days - pick up and take home.

*** School bus transportation is available to those students who live in a busing zone.

If you live in a walking zone, transportation is available from the neighborhood school.

Student Name: _____

Please fill in below how your child will be going home from school.

For pick-up students,

Please list the two people that will be picking up your child regularly. Only two names fit on the tags.

If someone different is picking up, including parents, please contact the office for a temporary change.

Name _____ phone # _____

Name _____ phone # _____

Please contact the Frederick Post Kindergarten office at 777-0479 with any questions.

Thank you,

The Frederick Post Kindergarten Staff

If your child will be bussing to school (am students) or home from school (pm students), please fill the transportation registration out below.

**POST FALLS SCHOOL DISTRICT #273
TRANSPORTATION REGISTRATION FORM**

IMPORTANT: PLEASE REVIEW THE RULES OF SAFE BUS CONDUCT ON THE BACK OF THIS FORM WITH YOUR CHILD.

STOP ADDRESS/LOCATION: _____
(THE ABOVE INFORMATION FOR OFFICE USE ONLY)

DATE: _____ **SCHOOL:** _____ **GRADE:** _____ **BUS #** _____ **SESSION:** _____

STUDENT'S NAME: _____ **CELL PHONE:(____)** _____

PARENT/GUARDIAN NAME: _____ **HOME PHONE: (____)** _____

HOME ADDRESS: _____ **WORK PHONE: (____)** _____

BUSSING FROM A DAY CARE? _____ **PROVIDER'S NAME:** _____

DAY CARE ADDRESS: _____ **DAY CARE PHONE: (____)** _____

EMERG. CONTACT NAME: _____ **EMERG. PHONE: (____)** _____

DOES YOUR CHILD HAVE ANY HEALTH REQUIRING SPECIAL ATTENTION? PLEASE EXPLAIN BELOW:

PARENT OR GUARDIAN'S SIGNATURE

YOUR SIGNATURE ON THIS FORM ACKNOWLEDGES THAT YOU HAVE REVIEWED THE RULES OF SAFE BUS CONDUCT WITH YOUR CHILD AND ARE AWARE OF THE CONSEQUENCES FOR NON COMPLIANCE

**POST FALLS SCHOOL DISTRICT #273
TRANSPORTATION DEPARTMENT
P.O. BOX 40, POST FALLS, ID. 83877
773-4217**

AT THE BUS STOP

1. Never push, shove, scuffle, or horseplay. This is unacceptable and is considered a serious safety hazard.
2. Stay out of the street and away from the road. Help protect the surrounding property while you wait for the bus.
3. Student shall be at the bus stop on time to meet the bus.
4. Look both ways before crossing the road, and wait for the drivers signal to cross. Always cross at least 10 feet in front of the bus. Never run to or from the bus. Never crawl under a bus for any item.
5. Students shall not be permitted to ride a school bus for personal transportation. (I.E. birthday party, overnight stay, friend's house, or to a job).
6. Students shall refrain from leaving or boarding the bus at locations other than the assigned stops at home or school.

ON THE BUS

1. Take a seat right away and remain seated facing forward, keep your hands, arms and head inside the bus. The driver has the right to assign seats.
2. Students shall observe classroom conduct and obey the driver promptly and respectfully.
3. Keep head, hands, feet, books, and objects to yourself.
4. No swearing, rude gesture, cruel teasing, or put-downs.
5. Students shall observe classroom conduct and obey the driver promptly and respectfully.
6. Students may talk in a normal, conversational tone of voice. The driver may require silence at railroad crossings and elsewhere for safety.
7. Prohibited items; hazardous materials, tobacco products, drugs, weapons, and glass containers. Nuisance items pagers, radios, cell phones, laser pointer, or animals (other than trained service animals).

LEAVING THE BUS

1. Do Not leave your seat until the bus has stopped. Take your turn and Do Not push.
2. Once off the bus, move away from the bus as soon as you get off. If crossing the streets wait for a signal from your driver and check for traffic.

THIRD CITATION WILL RESULT IN LOSS OF BUS RIDING PRIVILEGES UNTIL PARENT AND STUDENT SIGNS A CONTRACT GUARANTEEING THE STUDENT CONDUCT.

Post Falls School District #273

School/Parent Compact

Dear Parents,

Frederick Post Kindergarten is a whole-school Title 1 funded school. As a part of the funding for Title 1, Part A of the Elementary and Secondary Act (ESEA), participating students agree that this compact outlines the responsibilities of the entire school staff, parents and students. This compact shows school staff, parents and students share responsibility to build and develop a partnership that will help students achieve the Idaho State Achievement Standards.

School Responsibilities

School will:

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables students to meet the Idaho State Achievement Standards.
2. Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual student's achievement.
3. Provide parents frequent reports on their children's progress.
4. Provide parents reasonable access to staff.
5. Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities.

Teacher _____ Principal _____

Parent Responsibilities

We, as parents, will support our children's learning in the following ways:

1. Monitor attendance.
2. Make sure that homework is completed.
3. Monitor the amount of television watched.
4. Participate, as appropriate, in decisions relating to my child's education.

Parent Signature: _____

Student Responsibilities

I, as a student, will share the responsibility to improve my academic achievement and achieve the Idaho State Achievement Standards. Specifically, I will:

1. Do my homework every day.
2. Read every day.

Student _____

I give permission for my child to receive support services from Title 1, if ever needed, for the 2018-2019 school year.

Parent Signature _____ Date _____

Student Name (Please print) _____

**POST FALLS SCHOOL DISTRICT NO. 273
CONFIDENTIAL RESIDENCY STATUS QUESTIONNAIRE**

The answers you give below will help the School District determine what services you or your student may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to other support services.

Presently, where is the student living? *Check one box.*

<p>Section A</p> <p><input type="checkbox"/> In a shelter, transitional housing, or awaiting foster care</p> <p><input type="checkbox"/> With more than one family in a house or an apartment due to loss of housing or economic hardship</p> <p><input type="checkbox"/> In a temporary trailer, campground, car, or park</p> <p><input type="checkbox"/> In a hotel or motel</p> <p><u>CONTINUE:</u> <i>If you checked a box in Section A, please complete Question 2 and the remainder of this form.</i></p>	<p>Section B</p> <p><input type="checkbox"/> Choices in Section A do not apply</p> <p><u>STOP:</u> If you checked this Section B, you do not need to complete the remainder of this form. Please sign and date at the bottom of this form and submit it to school personnel. Thank you.</p>
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Student Resides With:	
<input type="checkbox"/> One (1) parent	<input type="checkbox"/> A relative, friend(s), or other adult(s)
<input type="checkbox"/> Two (2) parents	<input type="checkbox"/> Alone with no adults
<input type="checkbox"/> One (1) parent and another adult	<input type="checkbox"/> An adult that is not the parent or the legal guardian

School Name: _____			
Student's Legal Name: _____	Grade: _____		
<input type="checkbox"/> Last	<input type="checkbox"/> First	<input type="checkbox"/> Middle	
Date of Birth: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
Parent/Legal Guardian: _____			
Address: _____		City	State
	Zip	Home Phone: _____	Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Student: _____

FOR SCHOOL OFFICE USE ONLY:
 If the parent/guardian has checked Section B above, completion of the form is not required. For any choices in Section A, this form must be immediately routed to the District-appointed Homeless Liaison. For audit purposes, the original form must be kept separately from the Student's Permanent Record.

Name of school personnel who may have knowledge of the student's family/living situation:

School Personnel Signature: _____ Student EDUID: _____ 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?
