

# **Welcome To**

# **Post Falls High School**

Post Falls High School  
Counseling Center  
2832 E. Poleline Ave.  
Post Falls, ID 83854  
Phone: (208) 773-5411  
Fax: (208) 773-8878



## Registration Information

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

- 1) Completed Registration Form  
Please print and complete the attached registration forms below.
- 2) Copy of Birth Certificate
- 3) Immunizations
- 4) Transcript or Withdrawal Grades
- 5) Discipline record from previous school.
- 6) Proof of Post Falls residency (utility bill or other mail)
- 7) Copy of IEP & Special Education Evaluation or 504 plans if applicable.

After turning in registration information to the guidance office, a meeting with your student's counselor will be scheduled the following day to review credits and develop a course schedule.

Listed below are counselors according to student last name

Staci Heiser	(Students A-D)	sheiser@sd273.com
Ashley Fuller	(Students E -K)	afuller@sd273.com
Kristin Hagadone	(Students L-Rn)	khagadone@sd273.com
Kelsey Lee	(Students Ro-Z)	klee@sd273.com
Denise Edmonds	(Registrar)	dedmonds@sd273.com
Melissa Parker	(Asst. Secretary)	mparker@sd273.com

Post Falls High School

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 \_\_\_\_\_

Has this student ever been: Suspended \_\_\_\_\_ Yes \_\_\_\_\_ No Expelled \_\_\_\_\_ Yes \_\_\_\_\_ No

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 <sup>st</sup> Name _____	Phone # _____	Relation to Student _____
2 <sup>nd</sup> Name _____	Phone # _____	Relation to Student _____
3 <sup>rd</sup> 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 \_\_\_\_\_



**Post Falls School District  
Families in Transition  
Mobility Survey  
2020-2021**

Name of Student \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

This questionnaire is to address the McKinney-Vento Act. It is the Post Falls School District's responsibility to identify families who are in transition. Your answers will help the schools determine what documentation is needed for your child to register.

1. Where is the student currently residing at night?

Section A	Section B
<ul style="list-style-type: none"> <li><input type="radio"/> With more than one family in a home <i>due to financial hardship</i> (the parent or guardian is not on the lease agreement)</li> <li><input type="radio"/> In a motel, car, or campground</li> <li><input type="radio"/> With someone other than the parent or legal guardian</li> <li><input type="radio"/> In a home with no running water or heat available.</li> <li><input type="radio"/> In a temporary shelter ( Example: Family Promise)</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Choices in Section A do not apply</li> </ul> <p style="text-align: center;"><u>If you checked the box, stop here.</u> <u>There is no need to continue.</u></p>

Please list all members of your family living in the home, including newborns to age 21.

Child's name	School attending	Age



# 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"/> <b>Cualquier Cultivos</b> Ejemplos: maíz, papas, frijoles, trigo, remolacha, frutas, lúpulo, alfalfa, etc.o preparación de campo		<input type="checkbox"/> <b>Cualquier ganado</b> Ejemplos: vacas, cerdos, ovejas, pollos, lechería
	<input type="checkbox"/> <b>Procesamiento de productos agrícolas.</b> Ejemplos: (Clasificación, empaque, corte, etc.) cebollas, papas, carne, frutas, árboles, etc.		<input type="checkbox"/> <b>Otra agricultura</b> 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



# 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:

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

# 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:	<input type="checkbox"/> Male <input type="checkbox"/> 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?

\_\_\_\_\_

# Post Falls School District #273

P.O. Box 40

Post Falls, Idaho 83877-0040

Phone (208) 773-5411

Fax (208) 773-8878

## AUTHORIZATION TO RELEASE INFORMATION

To: \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Re: \_\_\_\_\_

\_\_\_\_\_

DOB \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the release of all the following information you hold in your files regarding my student:

- ‡ Cumulative Records
- ‡ Health Records
- ‡ Special Education Records:
  - \*Include I.E.P.
  - \*Eligibility Summary
  - \*Testing Results (I.Q., Academics)
  - \*Psychological Records
- ‡ Achievement Tests
- ‡ Attendance & Discipline

Other: \_\_\_\_\_

\_\_\_\_\_

Please release to:

REGISTRAR  
Post Falls High School  
P.O. Box 40  
2832 E. Poleline Avenue  
Post Falls, Idaho 83877-0040

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 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.

Signature: \_\_\_\_\_

Parent/Guardian/Student eighteen years or over

**Office Use Only**
Requested by School Official if Parent is not available.
_____ School Official
_____ Title