

Registration Date _____

Glenns Ferry School District #192

Student Data Form

Email form to kferry@glennsferryschools.org

| |
|--------------------------------------|
| Student ID # _____ |
| State ID # _____ |
| Teacher _____ Grade _____ |
| Bus Route _____ Bus # _____ |
| Social SN _____ - _____ - _____ |
| Birth Cert. _____ Imm. Records _____ |

STUDENT NAME: _____

DOB ____/____/____ Last First Middle AGE _____ PLACE OF BIRTH _____ GENDER M / F

STUDENT RESIDENTIAL ADDRESS: _____ STUDENT MAILING ADDRESS: _____ COUNTY _____

Race and Ethnicity: (Note: Both **Part A** and **Part B** of the question must be answered.)

Part A: Is this student Hispanic/Latino? (Choose only one)

- ☐ No, Not Hispanic
☐ Yes, Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

Part B: What is the student's race? (Choose one or more)

- ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who **maintains tribal affiliation** or community attachment.)
☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Mother's information

Nme _____
Mailing Address _____

Home Phone _____
Cell Phone _____
Work Phone _____
Employer _____
Email _____
Contact is allowed? Y N

Father's Information

Name _____
Mailing Address _____

Home Phone _____
Cell Phone _____
Work Phone _____
Employer _____
Email _____
Contact is allowed? Y N

Non Custodial Parent (if applicable)

Name _____ Phone _____
Address _____
Is contact allowed? Yes No (circle one)

Special Instructions:

Emergency Information:

| | | |
|---------------------|-------|--------------|
| First Contact Name | Phone | Relationship |
| Second Contact Name | Phone | Relationship |
| Third Contact Name | Phone | Relationship |

ALLERGIES: Does this student have allergies? Yes No (Circle one)

Please List:

| |
|--|
| |
| |
| |

MEDICINES: Does this student take medicines at school? Yes No **(If yes, additional forms must be filled out.)**

Please List:

Dosage

Frequency

| | | |
|--|--|--|
| | | |
| | | |
| | | |

SPECIAL MEDICAL CONSIDERATIONS: **

| |
|--|
| |
| |
| |

**Especially include any problems that could affect:

- * **Emergency care that might be needed (like diabetes, asthma, seizures, chronic illness, etc)**
- * The student's ability to learn or to participate in school activities.
- * Special accommodations needed at school.

| | |
|-----------|-------|
| Physician | Phone |
|-----------|-------|

| | | |
|------|-------------------|--------|
| Name | Siblings Grade | School |
| | | |
| | | |
| | | |
| | | |

Parents Signature: _____

Date: ____/____/____

Email form to kferry@glennsferryschools.org

Glenns Ferry Joint School District No. 192
Glenns Ferry Schools
639 N. Bannock Street
Glenns Ferry, ID 83623

Power Announce Message Form

Information is used to contact families in case of an emergency, general information, and reminders.

Message preferences:

Message in English _____ Message in Spanish _____

Parent/Guardian Name _____

Student Name _____ Grade _____

Home phone (_____) _____ - _____

Cell phone (_____) _____ - _____

Text Message _____ yes _____ no

Mother's day phone (_____) _____ - _____

Father's day phone (_____) _____ - _____

Email _____

GLENN'S FERRY SCHOOL DISTRICT #192

Standard Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

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

| Section A | Section B |
|---|---|
| <p><input type="checkbox"/> in a shelter or awaiting foster care</p> <p><input type="checkbox"/> transitional housing (living with friends, or extended family members)</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, complete #2 and the remainder of this form.</i></p> | <p><input type="checkbox"/> Choices in Section A do not apply</p> <p><u>STOP:</u> <i>If you checked this section, you do <u>not</u> need to complete the remainder of this form. Submit to school personnel. Thank you.</i></p> |

2. The student lives with:

- ☐ 1 parent
- ☐ 2 parents
- ☐ 1 parent & another adult
- ☐ a relative, friend(s) or other adult(s)
- ☐ alone with no adults
- ☐ an adult that is not the parent or the legal guardian

School _____

Name of Student _____ Male ☐ Female ☐

Birth Date / / / Age Social Security #

 mm dd yyyy (if applicable) _____

Name of Parent(s) Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

School Use Only – Campus Administrator's determination of Section A circumstances:

If the parent/guardian has checked Section B above, completion of form is not required. For any choices in Section A, this form must be immediately routed to appropriate personnel. The original form must be kept separately from the Student Permanent Record for audit purposes during the year.

The name and phone number of a school contact person who may know of the family's situation:

Date Distributed: _____

Email form to kferry@glennsferryschools.org

Glenns Ferry Joint School District No. 192
Glenns Ferry Schools
639 N. Bannock Street
Glenns Ferry, ID 83623

Medical Treatment Form

I grant permission in emergency situations for school personnel of School District #192 to authorize medical treatment for my child, _____. I understand that I, and not the school, am responsible for any medical costs incurred for emergency treatment. Effort will be made to contact parents of identified emergency contacts prior to medical care so that you may use your personal physician.

Signature of Parent or Guardian

Date

Glenns Ferry Joint School District No. 192
Transportation Department
639 N Bannock
Glenns Ferry, ID 83623

In order to guarantee your child and the other children riding the bus the safe transportation they deserve, we are using the following Assertive Discipline Plan:

Our Philosophy: We believe all students can behave appropriately and safely while riding on a school bus. The ride to and from school is an important part of the learning process. We believe that the school bus should be treated with the same respect as the classroom and our rules closely reflect basic rules in school. We will tolerate no student stopping drivers from doing their job or preventing other students from having safe transportation.

The following rules must be observed on the bus at all times:

- Follow all directions the first time they are given.
- Stay in your seat. Keep your hands and feet and other objects to yourself at all times.
- No loud talking, obscene gestures, swearing, teasing or fighting
- Keep all harmful objects or substances off the bus.
- Do not litter, eat or drink, write on, or damage the bus.

If a student chooses to break a rule, the following consequences are applied:

- **First Time** - Verbal Warning. Driver warns the student against doing the offense.
- **Second Time** - 1st Written Warning. Conduct report is completed by the driver and submitted to the Transportation Supervisor. He will have a conference with the student.
- **Third Time** - 2nd Written Warning. Conduct report submitted to the Transportation Supervisor, Parents notified and 1-week loss of bus privileges!
- **Fourth Time** - 3rd Written Warning. Conduct report is completed by the driver and submitted to the Transportation Supervisor. He will convene a conference with the Student, District Superintendent, Bus Driver, and Parent(s). Indefinite Suspension of Bus Privileges. School Board Action if necessary.
- **Severe Clause**- Is an action taken at any time against a student if the student goes beyond means of any bus or school rule! This may mean indefinite suspension or School Board action!

If the students choose to follow the rules, they will earn:

- The privilege to listen to music
- The privilege to sit where they want
- Small gifts and treats

I have read the transportation policy and agree to offer my support of the program.

Student's Name

Grade/Class

Parent's Name

Date

Glenns Ferry Joint School District No. 192
639 N Bannock
Glenns Ferry, ID 83623
Phone: 208-366-7434 Fax: 208-366-2056

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

STUDENTS

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 Glenns Ferry 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: _____
Address: _____

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 _____ school year only.

Policy History

Adopted on: August 10, 2011

Revised on: September 14, 2011

Dear Parents/Guardians:

In order for Glenns Ferry School District to continue to be able to provide your student with the most effective web-based tools and applications for learning, we need to abide by federal regulations that require a parental signature as outlined below.

Glenns Ferry School District utilizes several computer software applications and web-based services, operated not by Glenns Ferry School District but by third parties. These include Google, Moby Max, Renaissance Learning, Edmodo, and similar educational programs. A complete list of the programs with the privacy policy for each can be found at glennsferryschools.org under Resources/Online Learning Tools.

In order for our students to use these programs and services, certain personal identifying information, generally the student's name and email address*, must be provided to the web site operator. Under federal law, these websites must provide parental notification and obtain parental consent before collecting personal information from children under the age of 13.

The law permits schools such as Glenns Ferry School District to consent to the collection of personal information on behalf of all of its students, thereby eliminating the need for individual parental consent given directly to the web site operator.

This form will constitute consent for Glenns Ferry School District to provide personal identifying information for your child consisting of first name, last name, email address and username to the following web operators: Google, Moby Max, Renaissance Learning, Edmodo, and to the operators of any additional web-based educational programs and services which Glenns Ferry School District may add during the upcoming academic year.

Please be advised that without receipt of this signed form, your enrollment package will not be considered complete as Glenns Ferry School District will be unable to provide your student(s) with the resources, teaching, and curriculum offered by the aforementioned Internet based programs.

*It is important to note that all school issued email accounts are filtered and monitored for safety reasons.

Third Party Consent Agreement

By signing below you, the parent or guardian of the identified student, are acknowledging that you have read the information above and are giving consent for the Glenns Ferry School District to provide the necessary information as identified above (student name and email address) to Internet based program operators for educational purposes.

Student Name: _____ Student Grade Level: _____

Parent/Guardian Name (PLEASE PRINT): _____

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: _____


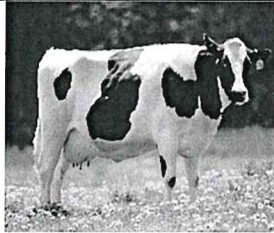


1. In the past three years, has your family lived in another school district? This includes other school districts in Idaho, or another state or country.

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:

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