

**Office Use Only**

Student Number: _____

☐ Birth Record

Homeroom: _____

☐ Immunization RecordPreK Session: ☐ AM ☐ PM☐ Proof of Residence

Records Requested: _____

Records Received: _____

STUDENT INFORMATION**Student's Legal Name** (as shown on birth certificate): _____

Date: _____

Last *First* *Middle*_____
*Also Known As*_____
Previous Legal Name (Last, First Middle)

Gender (circle): M F

Date of Birth: _____

Grade: _____

Home Phone: _____

Student Cell Phone: _____

Student Home (Residence) Address: _____

Student Mailing Address (if different from home): _____

Street *Street*_____
Address Line 2 *Address Line 2*_____
City *State* *Zip* *City* *State* *Zip***PARENT / GUARDIAN INFORMATION****Who is the student's primary legal guardian?**_____
Name (Last, First) *Relationship to Student*

In whose name(s) should mail be sent? Address to: _____

Phone number to receive messages about student absences & school events: _____

Primary email for district communications: _____

Mother or Legal Female Guardian: This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency._____
Name (Last, First) *Relationship to Student*Mailing Address: ☐ **Same as Student**

Home Phone: _____

Street *Cell Phone:* __________
Address Line 2 *Work Phone:* __________
City *State* *Zip* *Email:* _____☐ Send mail to this address *in addition* to the student address. Employer: _____

Student Name: _____

Father or Legal Male Guardian: This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Name (Last, First)

Relationship to Student

Mailing Address: ☐ **Same as Student**

Home Phone: _____

Cell Phone: _____

Street

Work Phone : _____

Address Line 2

Email: _____

City

State Zip

☐ Send mail to this address *in addition* to the student address. Employer: _____

Other Legal Guardian: This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Name (Last, First)

Relationship to Student

Mailing Address: ☐ **Same as Student**

Home Phone: _____

Cell Phone: _____

Street

Work Phone: _____

Address Line 2

Email: _____

City

State Zip

☐ Send mail to this address *in addition* to the student address. Employer: _____

ADDITIONAL EMERGENCY CONTACTS

Contact 1 Name

Relationship to Student

Daytime Phone: _____ Alternate Phone: _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Contact 2 Name

Relationship to Student

Daytime Phone: _____ Alternate Phone: _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Contact 3 Name

Relationship to Student

Daytime Phone: _____ Alternate Phone: _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

MILITARY CONNECTED STUDENT

☐ N-Not Military Connected

☐ A-Active Duty

☐ R-National Guard or Reserve

☐ X-Unable to provide

Revised: 1/2017



STUDENT RACE AND ETHNICITY FORM

Student Name: _____ **Grade** _____

Each year, school districts in Idaho are required to report student race and ethnicity data to the Idaho State Department of Education by categories that are set by the Federal government. This data is used to ensure all students receive the educational programs and services to which they are entitled. This information will *not* be reported to any federal agency in a way that identifies the student. No one will check for immigration status from the information given here.

Please note – if you choose not to provide this information, a designated school staff person(s) will observe and select racial and ethnic categories on the student's behalf as required by the Federal government for reporting.

ETHNICITY/RACE – Select ALL that apply	
<input type="checkbox"/>	Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.)
<input type="checkbox"/>	North American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America including Central America, and who maintains a tribal affiliation or community attachment.)
<input type="checkbox"/>	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.)
<input type="checkbox"/>	Black or African American (A person having origins in any of the black racial groups of Africa.)
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
<input type="checkbox"/>	White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Completed by (please check one): ☐ Parent ☐ Observed ☐ Student (self)

Date: _____

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HOME LANGUAGE SURVEY

School districts are required by the Idaho State Department of Education and the Office of Civil Rights to determine the primary language of each student. This survey's purpose is to determine if the student is potentially eligible for language services.

Please answer the following questions, sign the form and return it to your student's school. Thank you for your assistance.

Student Information (please print)

_____ Last Name	_____ First Name	_____ Middle Name
_____ School	_____ Grade	_____ Date of Birth
_____ Birth Country	_____ Moved From (City /State)	_____ Original US Entry Date

1. What is the primary language spoken in the home? _____
2. Is any language other than English spoken in the home? _____
3. What language does your child speak most often? _____
4. What language do you use to speak to your child? _____
5. What language does your child use to speak to you? _____
6. In what language would you prefer to receive letters, phone calls, and texts from the school? _____

☐

Check the box if your family has moved at some time in the past three years to look for work in Agriculture (Farming, Potato Industry, Dairy, Meat Processing)

Parent Signature

Date

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Idaho Migrant Education Program

Parent Employment Survey



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. The Idaho Migrant Education Program is a Title I, Part C program of the Idaho Department of Education.











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 (not including on your own property) on a farm, in a field, in a greenhouse, in a nursery or in a factory? Please check any that apply.

 Livestock (cattle, pigs, sheep, dairy, etc)	 Hops	 Crops (corn, potatoes, beans, wheat, sugar beets)	 Sorting or packing (onions, potatoes, etc.)	 Processing (meat, fruit, trees, etc.)
 Trees & timber	 Fruits	 Alfalfa	 Nursery, sod, greenhouse	 Field preparation

If you circled one or more, continue to #3.

If none of these _____ (stop here)

3. Parents' Names: _____ Phone: _____

Address: _____ City: _____

Please list all other children in the household less than 22 years of age:

Name	Birthdate	School	Grade

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Student Residency Questionnaire

Name of School _____

Name of Student: _____
Last First Middle

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

A

Is your current address a temporary living arrangement? _____ Yes _____ No

Is this temporary living arrangement due to loss of housing or economic hardship?
_____ Yes _____ No

If you answered YES to the above questions, please complete the remainder of this form.

If you answered NO, you may stop here. Please sign the bottom of the page.

Where is the student presently living? (*Check one box.*)

- ☐ In a shelter or transitional housing
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- ☐ In a motel/hotel
- ☐ In housing or any vehicle (including camper) without running water, electricity, or heat
- ☐ With another family in their home, apartment or trailer
- ☐ Moving from place to place

Other students in the family

Name

Grade

School

Name of Parent(s)/Legal Guardians(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

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Elementary Student Health Information

Student Name _____ Date of Birth _____

School _____ Grade _____

Dear Parent/Guardian/Student:

Please complete this health information form. This information may be shared with the student's teacher(s) and administration to promote and protect the health of students but otherwise is completely confidential.

Has your child ever been diagnosed with:

Describe illness including diagnosis date:

Diabetes Yes ☐ No ☐ (insulin/snacks, symptoms) _____

Insulin Resistance Yes ☐ No ☐ _____

Asthma Yes ☐ No ☐ (medications, symptoms, triggers) _____

Kidney or urinary problems Yes ☐ No ☐ _____

Heart Conditions Yes ☐ No ☐ _____

Seizure disorder Yes ☐ No ☐ (medications, symptoms, last seizure) _____

Concussion/severe blow to head Yes ☐ No ☐ _____

Allergies Yes ☐ No ☐ (symptoms, triggers, medications) _____

Chicken Pox Yes ☐ No ☐ (date) _____

ADD/ADHD Yes ☐ No ☐ _____

Bi Polar/ Depression Yes ☐ No ☐ _____

Has your child had surgery or been in the hospital? Yes ☐ No ☐ _____

Does your child take medication Yes ☐ No ☐ (list) _____

Please list any other disease, health problem or handicap (such as orthopedic, heart, vision, hearing) or anything that school staff should be aware of: _____

I hereby give consent for my child _____ to be given upon his/her request at the discretion of the school nurse or designated authority (please check appropriate box):

☐ None

☐ Benadryl (Diphenhydramine Hydrochloride)

☐ Cough Drops

☐ Hydrocortisone Cream

☐ Neosporin (Antibacterial Ointment)

☐ TUMS (Calcium Antacid)

This consent is valid for the duration of my child's enrollment in Idaho Falls School District 91. See signature below.

Parent/Guardian Signature _____ Today's Date _____

Thank you,

School District 91 Health Services

690 John Adams Parkway, Idaho Falls, ID 83401

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NOTIFICATION OF RIGHTS UNDER FERPA

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days of the day the school receives a request for access.

Parents or eligible students should submit to the school principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the school to amend a record should write the school principal (or appropriate school official), clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student's education records, including academic and disciplinary records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with whom the school has contracted as its agent to provide a service instead of using its own employees or officials (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee (such as a disciplinary or grievance committee) or assisting another school official in performing his or her tasks). Education records will be disclosed upon request of officials of another school or district in which a student seeks or intends to enroll or is already enrolled, without parent or eligible student consent or notification, if the disclosure is for purposes of the student's enrollment or transfer.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

4. The right to opt out of disclosure of directory information.

Directory information can be made public under FERPA without specific consent, and includes but is not limited to the student's name, physical address and telephone listing. Parents or eligible students may request in writing upon registering for school that directory information not be released to third parties such as newspapers, to institutions of higher education or to military recruiters.

5. The right to file a complaint with U. S. Department of Education concerning alleged failures by the school district to comply with the requirements of FERPA. The address of the office that administers FERPA is:

Family Policy Compliance Office
U. S. Department of Education
400 Maryland Avenue SW
Washington DC 20202-5920

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