



**Office Use Only** Student Number: \_\_\_\_\_  
 Birth Record Homeroom: \_\_\_\_\_  
 Immunization Record PreK 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) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 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) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 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: \_\_\_\_\_

**Other Legal Guardian:** This is the (circle one) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 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: \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACTS

\_\_\_\_\_  
*Contact 1 Name*

\_\_\_\_\_  
*Relationship to Student*

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

\_\_\_\_\_  
*Contact 2 Name*

\_\_\_\_\_  
*Relationship to Student*

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

\_\_\_\_\_  
*Contact 3 Name*

\_\_\_\_\_  
*Relationship to Student*

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

This is the (circle one) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 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 (please print):** \_\_\_\_\_ **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 ANSWER BOTH PART A AND PART B**

*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.*

<b>IS THE STUDENT HISPANIC/LATINO? (choose only one)</b>	
<b>Part A</b>	<input type="checkbox"/> <b>NO, not Hispanic/Latino</b>
	<input type="checkbox"/> <b>YES, Hispanic/Latino</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, <i>regardless of race.</i> )
<i>Part A above is a question about cultural or ethnic identity, not race. No matter what was selected above, <b>please continue to answer the following</b> by marking one or more boxes to indicate what you consider the student’s race to be.</i>	
<b>WHAT IS THE STUDENT’S RACE? (choose ANY that applies)</b>	
<b>Part B</b>	<input type="checkbox"/> <b>North American Indian or Alaskan Native</b> (A person having origins in any of the original peoples of North America and who maintains tribal affiliation or community attachment.)
	<input type="checkbox"/> <b>South or Central American Native</b> (A person having origins in any of the original peoples of South or Central America.)
	<input type="checkbox"/> <b>Asian</b> (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"/> <b>Black or African American</b> (A person having origins in any of the black racial groups of Africa.)
	<input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
	<input type="checkbox"/> <b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Completed by (please check one):     Parent             Student (self)             School official

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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# 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):

Cough Drops                       Hydrocortisone Cream                       Calcium Antacid (TUMS)

Antibacterial Ointment (Neosporin)                       Diphenhydramine Hydrochloride (Benadryl)

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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