

Plummer-Worley Joint School District No. 44

Home of the Knights



Student's Name _____

Is your child new to the district? If so, please provide the name and location of the previous school district: _____

Was your child enrolled in any special programs at the previous district, i.e. Gifted/Talented; Special Education; Migrant; Bilingual, etc.?

If so, please list specifics: _____ Does your child have an IEP? Yes No /or a 504 Plan? Yes No

Grade Level _____ Date of Birth _____ Social Security # _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____

Child resides with Mother Father Both Guardian _____

Home Phone: _____ Student Cell Phone: _____

Father Cell Phone: _____ Mother Cell Phone: _____

Fathers Name: _____ Mothers Name: _____

Primary Email: _____ No email

Secondary Email: _____ No email

Do you wish to receive weekly emails from the school with updates and activities? Yes No

Father's Place of Employment: _____ Mother's Place of Employment: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Mother's Address if Different from Student: _____

Father's Address if Different from Student: _____

Please list three (3) emergency contacts other than the parent/guardians listed above. Include address, phone number, and relationship for each person listed:

The three persons listed above will be contacted in the event we are unable to reach you and may be allowed to pick up your child from school. People not listed on this form will not be allowed to take your child from school or to get them out of class for any reason. **NO EXCEPTIONS!** If circumstances change, please contact the school office in writing immediately so the list may be updated.

Is there anyone who is not allowed to see your child while at school? If you are denying access or information to a natural parent, the school must have an official copy of the court order. _____

Please list the names and grade levels of all of your children who attend school in the Plummer-Worley School District:

Signature _____ Date: _____

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Federal Reporting Survey

Student's Name _____

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/Latino

Yes, Hispanic/Latino

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture 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 all that apply)

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).

Student Residency and household information (Used to identify students who may qualify for additional services). Where does the student stay at night? Please check one:

In a home you rent or own

Temporarily with another family in a house, mobile home or apartment

Other (please specify): _____

What is the student's first language? _____

Is a language other than English used by anyone in the household? Yes No If yes, which language? _____

Are you, your child, or your child's grandparent(s) enrolled in an Indian tribe? Yes No



Student Transportation and Release

(208) 686-1714 Office
(208) 582-0057 Director Cell
(208) 686-1741 Fax

If your student will ride the bus to or from school, please list the pickup/drop off location if different from your home address:

Student's Name: _____

Home Phone: _____ Student Cell Phone: _____

Father Cell Phone: _____ Mother Cell Phone: _____

Will your student be driving a vehicle to school? Yes No

If so, please provide a copy of the Students Drivers License and Copies of ALL of the related Insurance Information:

Vehicle's License Number: _____ Owner's Name: _____

Policy Number: _____ Liability Insurance Carrier: _____

Please list anyone ***other than*** the parent/guardians (or emergency contacts) that have permission to pick up your student from school or the bus. (ex. Babysitter, Friends Parent, Etc.) Include address, phone number, and relationship for each person listed:

The three persons listed above will be contacted in the event we are unable to reach you and may be allowed to pick up your child from the bus. People not listed on this form will not be allowed to take your child from the bus for any reason. NO EXCEPTIONS! If circumstances change, please contact the school office in writing immediately so the list may be updated.

STUDENT NAME: _____

Pickup Location: _____

Drop off Location: _____

Alternate Pickup Location: _____

Alternate Drop off Location: _____

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NOTICE CONCERNING STUDENT INJURIES

Even with the greatest precautions and closest supervision, accidents can and do occur. They are a fact of life and a part of the growing process for children. Parents need to be aware of this and be prepared for possible medical expenses that may arise should their child be injured at school.

The district does not provide medical insurance to pay for medical expenses when students are injured at school or during school activities. This is the responsibility of the parents or legal guardians. The district carries only legal liability insurance.

The district does, however, make student medical insurance available to families for individual purchase. Brochures outlining coverage and premiums are available at the school office. This optional insurance is not affiliated in any way with the Plummer-Worley School District, and the information on availability is only provided as a courtesy. You should also consider contacting your independent insurance agent.

Parents should always be prepared to pay for any medical expenses incurred at school or a school activity.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

If your child becomes ill or is injured at school or a school activity, every effort will be made to contact you. There are, however, times when it is not possible to contact a parent or guardian.

Emergency Medical Authorization

In the event reasonable attempts to contact me are unsuccessful, I (We), the undersigned parent/legal guardians' of _____, do authorize any hospital, clinic, or licensed physician to treat my/our child and administer any x-ray examination, anesthetic, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of the hospital, clinic, or office.

Child's Full Name: _____ Date of Birth: _____

Medications: _____ Allergies: _____

Preferred physician: _____ Phone: _____

Preferred dentist: _____ Phone: _____

Preferred hospital: _____

Please list additional medical information, special instructions, eye contacts, etc:

In the event the designated preferred practitioner is not available, we authorize in advance another licensed physician or dentist the authority and power to render care in his/her best judgment and the transfer of the child to any hospital reasonably accessible. It is also understood that every effort shall be made to contact the parent/legal guardian prior to rendering treatment to the patient, but that treatment will not be withheld if the parent/guardian cannot be contacted. Permission is also granted for the chaperone to provide emergency treatment to my/our child prior to his/her admission to any medical facility. I further authorize the chaperone to assist in the self-administration of anti-inflammatory nonprescription pain medication (i.e. aspirin, acetaminophen, ibuprophen, etc.) provided by the student.

Signature of Parent/Guardian _____ Date: _____

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STUDENT TECHNOLOGY AGREEMENT

INTERNET/EMAIL ACCESS CONDUCT AGREEMENT This Agreement is valid for the 2016-17 School Year Only

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the Plummer Worley Joint School District's policy regarding District Provided Access to Electronic Information, Services and Networks (Policy No. 3612). I understand that access is being provided to me for EDUCATIONAL PURPOSES ONLY. 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. Please Print:

User Name Home Phone

Home Street Address City Zip

Cell Phone School E-mail Address

Grade level Other Non-School E-mail Address

Status: 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.

User Signature Date

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. Please Print:

Parent Name Home Phone

Cell Phone Email Address

Signature Date