

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: \_\_\_\_\_

If your child enrolled in any special programs at the previous district, i.e. Gifted/Talented; Special Education; Migrant; Bilingual, Dual Enrollment, etc., please list specifics: \_\_\_\_\_

Does your child have an IEP? Yes No Does your child have a 504 Plan? Yes No

Does this student and/or parent have a connection to the military? If so, please select from the following:

Active Duty National Guard or Reserve

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: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's 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.

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

\_\_\_\_\_

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. \_\_\_\_\_

**Federal Reporting Survey**

The following information is required for federal reporting. If you choose not to answer, district personnel will be required to make a selection on your behalf.

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.)

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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

If, yes and if this is the first time enrolling in the district, please complete the attached 506 form at the end of this packet.

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

# Student Transportation and Release

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

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 Student's Driver 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.

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STUDENT NAME: \_\_\_\_\_

Pickup Location: \_\_\_\_\_

Drop off Location: \_\_\_\_\_

Alternate Pickup Location: \_\_\_\_\_

Alternate Drop off Location: \_\_\_\_\_

# Permission for Activity

From time to time, students may participate in certain activities relating to their educational program or optional public health screening/program. Please respond to each statement below by marking an X in the appropriate area:

I permit my child to participate in routine field trips. Transportation to field trips may include walking or school bus.

Approve

Disapprove

I permit the use of my child's name and/or photograph for various purposes including small group presentations, local media publications, program brochures, district website or brochures, and related classroom uses.

Approve

Disapprove

I permit my child's participation in routine health screenings which may be performed by Panhandle Health or Benewah Medical Center, i.e. scoliosis, vision, hearing, etc.

Approve

Disapprove

Student Name: \_\_\_\_\_

The above permissions will remain in effect for the duration of the 2017-18 school year unless revoked in writing.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## CONSENT TO RECEIVE IMMUNIZATION INFORMATION

### 2017-18 School Year

As a part of school enrollment, we require an immunization record. The Benewah Medical Center will release records to the district if they have received written authorization from the parent. If you would like the district to receive immunization records directly from BMC, please sign the authorization below:

I hereby authorization Benewah Medical Center to provide a copy of all immunization records for \_\_\_\_\_ to the Plummer Worley Joint School District.

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

Plummer-Worley Joint School District No. 44  
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Plummer Worley Joint School District 44  
STUDENT TECHNOLOGY AGREEMENT

**INTERNET/EMAIL ACCESS CONDUCT AGREEMENT**

**This Agreement is valid for the 2017-18 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 \_\_\_\_\_

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202  
**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**  
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

**Parents: Please return this completed form to your child's school.** In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

**Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.**

NAME OF CHILD \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(As shown on school enrollment records)

School Name \_\_\_\_\_ Grade \_\_\_\_\_

NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

**Tribe, Band or Group is: (check one)**

<input type="checkbox"/> Federally Recognized, Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> <b>Organized Indian Group Meeting #5 of the Definition Above</b>
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**Name of individual with tribal membership:** \_\_\_\_\_

Individual named is (check one):  Child  Child's Parent  Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

**A. Membership or enrollment number (if readily available)** \_\_\_\_\_ **OR**

**Other (explain)** \_\_\_\_\_

**Name and address of organization maintaining membership data for the tribe, band or group:**

\_\_\_\_\_  
I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.