

Start Date: _____ Teacher: _____ Perm #: _____

	Grade Level This Academic School Year		Kindergarten (Preference) _____ AM _____ PM
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Twin Falls School District Enrollment
Oregon Trail Elementary

- Proof of Residence
- Birth Certificate
- Immunization Records

Students Legal Last name: _____ Students Legal First name: _____ Students Legal Middle name: _____

Name Child will use at school: _____

Date of birth: _____

Gender: _____

Male or Female

Home Address: _____

Primary Contact Telephone Number: _____

Mailing Address: (if different than home address) _____

Is home address within the Oregon Trail School Zone? _____

If home address is not within the Oregon Trail School Zone, which Zone? _____

If address is not in the Twin Falls School District or Oregon Trail School Zone the out of district transfer policy must be followed.

Has Student previously been enrolled in Twin Falls School District? Yes No - If yes, Where? _____

Is Student Hispanic or Latino? Yes No

What is Students Race:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian/Other Pacific Islander
- White

Citizenship Status:

- U.S. Citizen
- Dual National
- Non-Resident Alien
- Resident Alien
- Other country of Citizenship

Is Student an immigrant? Yes No

Immigrant U.S. Entry Date: _____

Home Country: _____

City of birth: _____

County of birth: _____

State of birth: _____

Country of birth: _____

Yes No Will Student ride a school bus to/from school?

Yes No Does Student have permission to ride a bicycle to/from school?

Yes No Does Student have permission to walk/from school?

What will be this student's daily routine to/from school? Ride a Bus Walk Home Parent Pick Up

Student resides with: Both Natural Parents Mother Father Guardian Step Parent Other

Siblings: # of Brothers _____ # of Sisters _____

List Siblings first/last names:

Parent Information

#1 (Father)

Father Last Name: _____ First Name: _____

Phone: _____ Home: _____ Cell: _____ Work: _____

Employer: _____ Available at work: yes no

Resides with Student: Yes No

If not residing with student, does a copy of correspondence (report cards, etc.) need to be mailed to this parent? Yes No

Address if different from student's: _____

Parent Birth Country: _____

Parent Information

#2 (Mother)

Father Last Name: _____ First Name: _____

Phone: _____ Home: _____ Cell: _____ Work: _____

Employer: _____ Available at work: yes no

Resides with Student: Yes No

If not residing with student, does a copy of correspondence (report cards, etc.) need to be mailed to this parent? Yes No

Address if different from student's: _____

Parent Birth Country: _____

Parent Information

#3 (Step Father)

Father Last Name: _____ First Name: _____

Phone: _____ Home: _____ Cell: _____ Work: _____

Employer: _____ Available at work: yes no

Resides with Student: Yes No

If not residing with student, does a copy of correspondence (report cards, etc.) need to be mailed to this parent? Yes No

Address if different from student's: _____

Parent Birth Country: _____

Parent Information

#4 (Step Mother)

Father Last Name: _____ First Name: _____

Phone: _____ Home: _____ Cell: _____ Work: _____

Employer: _____ Available at work: yes no

Resides with Student: Yes No

If not residing with student, does a copy of correspondence (report cards, etc.) need to be mailed to this parent? Yes No

Address if different from student's: _____

Parent Birth Country: _____

Health

List any allergies and/or health conditions student may have:

List medications prescribed by a licensed medical practitioner:
(If medication is administered at school, proper documentation is required.)

Does this student have asthma? Yes No

Does this student use an inhaler? Yes No

If student uses an inhaler, is it required to be carried by student or left in the office:
 carried by student left in the office

Parents are always the first contact but please provide information for individuals (other than parent/guardian) the school may contact in case of student's illness or injury and parents cannot be reached.

Emergency Contacts

Emergency Contact #1 / Relationship to Student: _____

Last Name: _____ First Name: _____

PHONE: Home: () Cell: () Work: ()

In case of illness or injury may this person pick up and/or excuse this student from school? Yes No

Emergency Contact #2 / Relationship to Student: _____

Last Name: _____ First Name: _____

PHONE: Home: () Cell: () Work: ()

In case of illness or injury may this person pick up and/or excuse this student from school? Yes No

Emergency Contact #3 / Relationship to Student: _____

Last Name: _____ First Name: _____

PHONE: Home: () Cell: () Work: ()

In case of illness or injury may this person pick up and/or excuse this student from school? Yes No

Please check any special programs or services in which the student has participated.

Special Programs

Adapted Physical Education Gifted and Talented Homeless

Special Education Migrant Probation Resource Program

504 Speech Therapy Title 1 (Math/Reading) Self-Contained

Other: _____

Home Language Survey

The Idaho State Department of Education requires school districts to determine the dominant language of each student. Such information is essential to meaningful instruction for all students. Your cooperation in helping us meet this important requirement is necessary. Please provide accurate responses to questions. This information becomes part of the District's official documentation of language assessment.

Home	What language did your child first learn when they began to speak?	
	What language does your child normally speak in your home?	
	What language do you speak when speaking to your child?	
	What language does your child speak with their friends outside the home?	
	In what language would you like correspondence sent home?	

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).

Previous Schools	Name of last school attended:	
	Address of last school attended:	
	Phone Number of last school attended:	
	Fax Number of last school attended:	

The information that has been provided on this document is accurate and complete to the best of my knowledge. Any misrepresentation of information can lead to revoking of student enrollment. Please send a **written notice** to the school office if address, telephone number or place of employment has changed throughout the years your child is at Oregon Trail School. Keeping your child's information up-dated is very important in case of an emergency. It is the parent/guardian responsibility to make sure the school has current information.

Parent/Guardian Signature(s):	Date:
Translator Signature (if required):	Date:

School district Computer users are expected to act in a responsible, ethical, and legal manner, in accordance with the missions and purposes of the networks they use, and the laws of the state and the United States.

The computers and network are provided for furthering the District's stated educational goals only, and they are to be used by authorized individuals only. Individuals using these systems are subject to having all activities on these systems monitored by system or security personnel. Anyone using these systems expressly consents to such monitoring.

It is possible for all users of the internet, including your child, to access information that is intended for adults. Although the District has taken reasonable steps to ensure that the Internet connection is used only for purposes consistent with the curriculum and that inappropriate sites (as defined by the Children's Internet Protection Act) are filtered, the district or school cannot entirely prevent the availability of inappropriate material elsewhere on the internet.

It is possible that a determined user may make use of the computer resources for inappropriate purposes. Deliberate misuse of the computer network or the Internet may result in disciplinary action as outlined the computer and Network Use Policy.

I, _____ and _____
Parent Name (Please Print) Student Name (Please Print)

have read the Computer and Network Use Policy, understand it, and agree to adhere to the principles and procedures detailed within. We understand and accept the conditions stated above and release from any liability the Twin Falls School District #411 Oregon Trail Elementary, its subcontractors, and employees.

I understand that my child is expected to use good judgment and follow the guidelines of the Computer and Network Use Policy. Furthermore, I have discussed the information contained in the Computer and Network Use policy with my child. Should my child breach the policy guidelines, I understand that my child may lose privileges on the Twin Falls School District computer network or be subject to other disciplinary action.

Parent Signature

Student Signature

Date

Dear Parents,

Occasionally we are forced to have an early closure of school because of unforeseen circumstances. A sudden storm closing the roads, power outage, or furnace failure is some of the reasons school could be closed early.

We would like to plan ahead with you to ensure your child's safety in an emergency. Would you talk to your child about possible alternate plans? Will someone be home? Can the child get in the house? Is there a friend or relative where the child could go? Should he/she stay at school until you arrive? Please consider that several hundred children in the school cannot use the telephone quickly. (The buses will probably be running to take the bus students home. Please have bus students ride the bus if at all possible.

PARENTS, IT IS IMPERATIVE TO NOTIFY YOUR CHILD'S SCHOOL AT ONCE OF ANY CHANGES IN YOUR ADDRESS, HOME PHONE NUMBER, EMERGENCY NUMBERS. ETC.

Please fill out the form and send it to school with your child. Each teacher will keep the forms on file in the classroom.

We have discussed with our child the procedures to be followed in case of an emergency closure.

◆ _____ My child is to go to the home of: _____

Address: _____

◆ _____ Should walk

◆ _____ Should ride the bus as this is the regular means of getting to and from school.

School: _____ Oregon Trail Elementary _____

Student's Name: _____

Parent's Signature: _____

Date: _____

Early School Closure

**OREGON TRAIL ELEMENTARY -- CLIMBING WALL
PARENT NOTIFICATION LETTER PERMISSION TO PARTICIPATE**

Dear Parents or Guardians,

Beginning on 3-22-2010, your child has the opportunity to participate in a climbing wall unit as part of our physical education program.

We are using a traverse climbing wall to host many exciting activities. At its highest point, the wall measures eight/ten feet and is approximately 40 feet long. Participants climb horizontally (traverse) across the wall and their feet should never be higher than three/three-and-a-half feet off the ground. Your child will be informed of safety rules and will climb under the careful supervision of an adult instructor at all times.

Indoor rock climbing is one for the fastest growing activities today. It simultaneously develops coordination, strength, flexibility and cardiovascular fitness. Additionally, important life skills like problem solving, goal setting, perseverance, inner confidence and patience will be learned in this unit.

In order for your child to participate in our climbing wall unit, I must have a signed permission slip. Should you have any questions regarding this exciting educational opportunity, please do not hesitate to call me.

Sincerely,

Eric Bauman
Physical Education Teacher

(Teacher = _____)

PERMISSION TO PARTICIPATE

- YES, my child has my permission**
- NO, my child does not have my permission**

_____ does/does not have my permission to participate in the wall climbing unit at **Oregon Trail Elementary**. I understand that this activity involves some risk or injury and I will stress the importance of following the class safety rules when we discuss this activity at home.

(Signature of parent/guardian)

(Date)

Climbing Wall Permission Slip

PARED en Gimnasio en OREGON TRAIL ELEMENTARY
NOTIFICACIÓN / PERMISIO del PADRE de PARTICIPAR

Estimados padres,

Comenzando el 3-22-2010, su niño tiene la oportunidad de participar en escalar la pared que es parte de nuestro programa de la educación física.

Estamos utilizando una pared para recibir muchas actividades emocionantes. En su punto más alto, la pared mide ocho/diez pies y mide aproximadamente 40 pies de largo. Los participantes suben horizontalmente (traveso) a través de la pared y sus pies deben nunca ser más altos de tres/tres-y-uno medios pies de la tierra. Su niño será informado de reglas de seguridad y subirá bajo supervisión cuidadosa de un instructor del adulto siempre.

El subir de interior de la roca es una actividad muy popular hoy. Desarrolla simultáneamente la coordinación, la fuerza, la flexibilidad y la aptitud cardiovascular. Además, las habilidades importantes de la vida tienen gusto de solucionar de problema, ajuste de la meta, perseverancia, confianza interna y la paciencia sera aprendida en esta unidad.

Para que su niño a participe en nuestra pared que sube, necesito permiso firmado. Si usted tiene cualquier pregunta con respecto a esta oportunidad educativa emocionante, por favor llámeme.

Sinceramente,

Eric Bauman
Profesor de la educación física de

(Maestro/a = _____)

PERMISO DE PARTICIPAR

- Sí, mi niño tiene mi permiso
 NO, mi niño no tiene mi permiso

el _____/no tiene mi permiso de participar en la unidad que sube de la pared en **Oregon Trail Elementary**. Entiendo que esta actividad implica un cierto riesgo o lesión y yo tensionaremos la importancia de seguir las reglas de la seguridad de la clase cuando discutimos esta actividad en el país.

(Firma del padre/del guarda)

(Fecha)

Climbing Wall Permission Slip – Spanish

Oregon Trail Elementary School Library Permission Form

Dear Parent,

Oregon Trail Elementary welcomes your child to the activity of borrowing books from the library. We ask that you help your child take proper care of the books, and that the books are promptly returned.

We do not charge fees for overdue books, but children are responsible for the books checked out on their cards. Charges are applied for lost or damage books and library privileges will cease until the fines are paid. We invite you anytime to stop in and see the library if you have any questions.

Please fill in the following and return to the office.

I DO NOT want my child to check out books.

I want my child to check out books and will be responsible for their return.

Students Name: _____ Date: _____

Parent's Name: _____ Date: _____



Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help determine whether or not additional support and services may be available to the student under this Federal Act.

1. Currently, where is the student living? Check ONE box in either section A or B.

SECTION A	SECTION B
<input type="checkbox"/> In an Emergency/temporary shelter/house, or awaiting foster care placement. <input type="checkbox"/> You or your family lives with another person/family due to loss of housing or economic hardship. <input type="checkbox"/> In a travel trailer, motor home, camper, bus, car, at a campground, park, or parking lot. <input type="checkbox"/> In a hotel or motel. CONTINUE: completing the remainder of this form if you checked a box in Section A.	<input type="checkbox"/> Choices in Section A do not apply; Rent/Own Single Family Home/Apartment. <p><u>STOP:</u> If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel. Thank you.</p>

2. The student lives with:

- a parent/legal guardian
 a relative or friend(s)
 independently

Name of Student _____ School _____ Grade _____

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

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

School Use Only –

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 the **JoAnn Gemar**, McKinney-Vento Liaison. The original form must be kept separately from the Student Permanent Record for audit purposes during the year.

_____ Date Distributed: _____