

Emmett Independent School District

KINDERGARTEN REGISTRATION

2016-2017 School Year

Dear Parents,

KINDERGARTEN REGISTRATION will start on Tuesday, March 1st and run to the end of school on May 27th. On Tuesday, March 1st from 9:00 am to 6:00 pm, and Wednesday, March 2nd, from 8:00 a.m. to 4:00 p.m., at Shadow Butte Elementary, parents will also have the opportunity to meet our nurse and teachers, and complete a brief assessment to help with classroom placement. Registration forms may be downloaded from the District/Shadow Butte website or may be picked up at school, but will not be accepted prior to 9:00 am on March 1st. If you cannot register your child on March 1st or 2nd, please feel free to come in any time during regular school hours, 8:00am-4:00pm, Monday thru Friday. Please bring the following materials in order to place your student in a classroom and complete their registration

- **Proof of Residency:** The district is requiring proof of residency. Examples of this could be: power statement, gas statement, lease agreement, cell phone statement showing current address etc.
- **Birth Certificate:** A legal proof of birth must be shown at registration indicating your child has reached his/her fifth birthday on or before September 1, 2016. State Law requires that an original certified birth certificate must be given to school officials at registration. Office personnel will make a copy of the birth certificate and return it to you. You can obtain the certified birth certificate for children born in Idaho by calling 334-5988 or visit the website at www.state.id.us/dhw. Other reliable proof of the student's identity and birth date may include a passport, visa or other governmental documentation of the child's identity. This proof shall be accompanied by an affidavit explaining the inability to produce a copy of the birth certificate. Hospital or Baptismal certificates are **NOT** acceptable as "legal proof of birth" for school enrollment purposes.
- **Immunization Records:** We will need legal proof that your child has completed all required immunizations. Children must have completed the minimum required immunizations before they are eligible to attend school. A copy will be made of the official document at the time of registration.

REQUIRED IMMUNIZATIONS

5 DTP
3 Hep B
2 MMR
4 Polio
2 Hep A
2 Varicella (chicken Pox)

We will be providing clinic immunizations on-site during registration. Clinics will be held both March 1st & 2nd. Please check our web page for specific times. A list of local clinics is on the reverse of this letter.

Visit the district website at www.ememttschools.org to locate the school boundaries in order to help you register your child at the appropriate school.

If you have any questions, please contact Shadow Butte at 365-0877.

Immunization Providers

Southwest District Health Department I
1008 E. Locust
365-6371

You will need to make an appointment.
No appointments available on Tuesdays.
Some same day apts. Available.

Valley Family Health Care
211 E. 12th Street
365-1065

You will need to make an appointment.
Open until 8:00 pm on Tuesdays.
No walk-ins.

Emmett Medical Center
1102 E. Locust
365-6004

You will need to make an appointment.
For established patients only.
No walk-ins.

Or contact your Health Care Provider

HOUSEHOLD Registration Form – Emmett School District #221

Household information will be collected at the first registration site and shall be filled out once by a parent/guardian.
Information already filled out at a different ESD school:

Students living at the address listed in the Primary Household

1st Student's LEGAL Name (First, Middle, Last): _____

Date of Birth: ___/___/___ Grade: _____ Gender: Male Female School: _____

2nd Student's LEGAL Name (First, Middle, Last): _____

Date of Birth: ___/___/___ Grade: _____ Gender: Male Female School: _____

3rd Student's LEGAL Name (First, Middle, Last): _____

Date of Birth: ___/___/___ Grade: _____ Gender: Male Female School: _____

4th Student's LEGAL Name (First, Middle, Last): _____

Date of Birth: ___/___/___ Grade: _____ Gender: Male Female School: _____

5th Student's LEGAL Name (First, Middle, Last): _____

Date of Birth: ___/___/___ Grade: _____ Gender: Male Female School: _____

Primary Household (This is the address where the above students reside)

Physical Address: _____
Address City State Zip County

Mailing Address (If different): _____
Address City State Zip

Check if Unlisted Home Phone: _____

Parent or Guardian 1 (This is the primary parent/guardian for the students listed above.)

Name: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Please provide me with access to: Infinite Campus Parent Portal Alert System Texts Letters

Relationship to the student: Parent/Guardian Stepparent

Court Appointed Foster Parent (documentation required) Foster Parent

Legal Guardian by Court (documentation required) Other (specify): _____

Parent or Guardian 2 (This is either the second parent/guardian or a step-parent living in the same household.)

Name: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Please provide me with access to: Infinite Campus Parent Portal Alert System Texts Letters

Relationship to the student: Parent/Guardian Stepparent

Court Appointed Foster Parent (documentation required) Foster Parent

Legal Guardian by Court (documentation required) Other (specify): _____

Secondary Household (This section should be completed if both parents do not live in the Primary Household)

Physical Address: _____
Address City State Zip County

Mailing Address (If different): _____
Address City State Zip

Check if Unlisted Home Phone: _____

Parent or Guardian 3 (This is generally a parent who does NOT live in the Primary Household with the students.)

Name: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Please provide me with access to: Infinite Campus Parent Portal Alert System Texts Letters

Relationship to the student: Parent/Guardian Stepparent

Court Appointed Foster Parent (documentation required) Foster Parent

Legal Guardian by Court (documentation required) Other (specify): _____

Parent or Guardian 4 (This will generally be an individual living with a parent in the Secondary Household.)

Name: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Please provide me with access to: Infinite Campus Parent Portal Alert System Texts Letters

Relationship to the student: Parent/Guardian Stepparent

Court Appointed Foster Parent (documentation required) Foster Parent

Legal Guardian by Court (documentation required) Other (specify): _____

Military Service

Please list all immediate family members who are active military:

Name: _____ Branch: _____ Relationship: _____

Name: _____ Branch: _____ Relationship: _____

Name: _____ Branch: _____ Relationship: _____

Name: _____ Branch: _____ Relationship: _____

Name: _____ Branch: _____ Relationship: _____

**If your child has a non-custodial parent that has restrictions, you must supply the district with legal documentation.*

**If you would like to add a non-custodial parent to notifications, please contact the school office.*

Student Enrollment Form Emmett School District

Student information will be filled out at each school for each child entering the ESD for both new students and transfers.

FOR OFFICE USE ONLY

Kdgn #: _____	Student ID#: _____	Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Date: _____	Admission: _____	Immunizations <input type="checkbox"/> Yes <input type="checkbox"/> No
Entering Grade: _____	Teacher: _____	Proof of Residency <input type="checkbox"/> Yes <input type="checkbox"/> No

Demographic Information

Student's Legal Name: _____

Address: _____

Address
City
State
Zip
County

Home Phone: _____ Cell Phone: _____

Preferred Name (If applicable): _____ Gender: Male Female

Birthdate: ___/___/___ Place of Birth: _____ Grade: _____

City
State

Ethnicity(Select One): Hispanic or Latino Not Hispanic

Race(Choose all that apply): White Black American Indian Asian Pacific Islander

Participation in Programs

Please check any special programs in which the student has participated:

Speech/Language IEP 504 Plan Gifted/Talented ELL Other (Specify): _____

Last School Attended (Out of District Transfers Only)

Name of School: _____ Grade: _____

Physical Address: _____

Address
City
State
Zip
County

Mailing Address (If different): _____

Address
City
State
Zip

Phone Number: _____ I give permission to release records from this school

Transportation

Does this student ride a bus? Yes No If yes: Both Ways Only TO School Only FROM School Bus # (if Known): _____

Kindergarten Registration ONLY

Has your child attended a Head Start Program? Yes No School: _____ # of Years: _____

Has your child attended a Pre School? Yes No School: _____ # of Years: _____

Is your child currently enrolled in Kindergarten: Yes No School: _____

Address: _____

Address
City
State
Zip
County

Emergency Contacts

Place a checkmark next to the emergency contacts that may pick up your child.

Name	Relationship	Home Phone	Work Phone	Cell Phone	Contact Priority
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Parent/Guardian Authorizations

Please check all that apply:

Media Release:

- I give permission to have my child interviewed/photographed/videotaped by the news media that may result in publication.
- I give permission to have my child interviewed/photographed/videotaped by the school or school district that may result in publication.
- I give permission to have the school or school district to feature my child's work.

Acceptable Use of Network:

- I have received a copy and will read the Student Acceptable Use Policy. I give my permission for my child to access all components of the district network and release the district from any and all claims and damages of any nature arising from the use of this network.

Student Handbook:

- I have received a copy and will read the Student Code of Conduct.

Field Trips:

- I give permission for my child to attend any field trips or excursions planned by the school. Students will travel in a school district bus, van driven by a district designated driver, or a charter bus with school staff chaperones. I will write a note informing the staff if my child will not be participating.

Student Injuries:

Even with the greatest precautions and the closest supervision, accidents can and do happen at school. They are a fact of life and a part of the growing-up process our children go through. 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 school district does not provide medical insurance to automatically pay for medical expenses when students are injured at school. This is the responsibility of the parents or legal guardians. The district carries only legal liability insurance. The district does make student medical insurance available to families for their individual purchase. Brochures outlining the coverage and premiums are handed out at the beginning of the year, and are available at the school office year long. Parents, please be prepared to pay for your child's possible medical expenses.

I have read and understand the above information: _____

Signature

Date

Printed Name

Medical Information/Emergency Release

Student Name: _____ Date of Birth: ___/___/___ Date: ___/___/___

Primary Care Physician: _____ Physician Phone Number: _____

May your child take: Acetaminophen? Yes No Ibuprofen? Yes No

Are there any particular medical problems your child may experience? (See checklist below)

Allergies

Bee sting Localized Swelling: Yes No Other Reaction: _____ Anaphylaxis Yes No

Environmental: _____ Reaction: _____ Anaphylaxis Yes No

Food: _____ Reaction: _____ Anaphylaxis Yes No

Medication: _____ Reaction: _____ Anaphylaxis Yes No

Nuts: _____ Reaction: _____ Anaphylaxis Yes No

Other: _____ Reaction: _____ Anaphylaxis Yes No

EpiPen at School Yes No **If you have a student who has an EpiPen please see the nurse for the EpiPen policy.*

Asthma

Current Medication: _____ Inhaler at School: Yes No

What starts the attack? _____

Frequency: _____

Behavioral/Emotional/Neurological Health Concerns _____

Has your child been diagnosed with (mark all that apply):

ADD ADHD Anger Issues Anxiety Autism Bi-Polar Depression ODD OCD PTSD

Other _____

Current Medications: _____

Prescribing Doctor: _____

Diabetes Prescribing Doctor: _____

Insulin Dependent Non-Insulin Dependent

**Plan to meet with nurse prior to attendance.*

Family Issues

Death in the family Divorce

Other

Gastrointestinal/Elimination Issues _____

Headaches/Migraines Frequency: _____ Treatment: _____

Head Injury _____ Age: _____ Severity: _____

Hearing

Hearing Loss (describe) _____

Frequent Ear Infections _____

Tubes in Ears (which ear) _____ Age: _____

Speech Therapy _____

Hearing Aids _____

Other _____

Illness (Major)/Hospitalizations _____

Kidney Problems _____

Muscle/Joint/Bone Problems _____

Physical Disabilities _____

Seizure Type: _____ Frequency: _____ Last Seizure: _____

Vision

Glasses

Contacts

Vision Loss

Colorblind Other: _____

Other Medical Concerns: _____

Current medications the student is taking: _____

I give permission to share this information with staff who need to know:

Printed Name Signature Date

Phone number to be reached: _____

Medical Consent (Signature Required)

We hereby consent to the treatment of our minor child by a medical physician or medical personnel at any hospital OR temporary treatment by a registered or licensed practical nurse or emergency medical technician until a medical physician can be obtained for any illness or injury to our minor child while on or adjacent to any school grounds of the Emmett School District. This consent shall include, but not be limited to, any surgery deemed required or desirable for immediate health and medical treatment of our child. This consent shall be effective only if none of the undersigned can be contacted or found by reasonable diligence at the time of the needed medical treatment. This consent shall terminate as soon as any of the undersigned are contacted, in which case further medical treatment can be done only with the consent of the person contacted. This consent shall be valid unless and until revoked in writing by one of the undersigned.

Parent/Guardian Signature: _____ Date: _____

Printed Name _____

District Services Survey (The following will help determine if you are eligible for additional services.)

Employment Survey

Have you or your family moved from one town or school district to another within the state or out of the state in the past three years? Yes Date: ___/___/___ No

Did the child(ren) in your family move with you? Yes No

Did your family join you at a later date? Yes No If yes, date all together: ___/___/___

During the last three years, were any of these moves made with the intent to find temporary or seasonal work in farming/agricultural work? Yes No

If yes, check all that apply:

<input type="checkbox"/> Working in a processing plant	<input type="checkbox"/> Working in a plant nursery/greenhouse	
<input type="checkbox"/> Working on a farm	<input type="checkbox"/> Picking fruits and vegetables	<input type="checkbox"/> Working on a poultry farm
<input type="checkbox"/> Working in a tobacco greenhouse	<input type="checkbox"/> Working with tobacco	<input type="checkbox"/> Tree growing or harvesting
<input type="checkbox"/> Working with beef cattle	<input type="checkbox"/> Milking cows	<input type="checkbox"/> Other _____

Student Residency Survey

Do your children live with friends or family members in a home in which their parents/guardians do not live? Yes No

Do your children live with more than one family in a house or apartment? Yes No

Do your children live in a motel, car, or campsite? Yes No

Do your children live in a shelter? Yes No

Home Language Survey

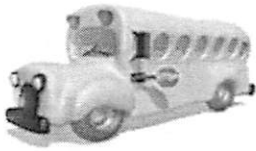
Country of Origin: _____

Language most frequently spoken at home: _____

First language your children began to speak: _____

Primary language spoken to your children: _____

Official Instructions: Please forward a copy of this information to your site's ELL staff if any language other than English is indicated or if the first question of the Employment Survey is Yes.



Transportation

SHADOW BUTTE

School Zone is determined by the HOME Address. Busing will be provided by district when going to school zone by home address and must meet state rule of 1.5 miles from school to end of driveway. Some areas of less than 1.5 miles may be safety bused if qualify by school board measuring instrument and approved by the state.

Your child will be attending the All Day "A" or "B" schedule. Transportation to and from school will be determined by what schedule your child is placed in. Your preference will be taken into consideration.

Preference : A _____ B _____

Child' Name :

Home Address :

Home Phone :

Phone: Mom's Cell # _____ Dad's Cell #: _____

Parents Names :

If your child will be riding to and from a different address than home please fill in the information below. Home address and different address must be in same school zone to qualify for bus transportation to both addresses.

Pick-Up / Drop-
Off Address :

Telephone # :

Daycare/Person

to Contact :

Kindergarten Transportation Information:

AK Kindergarten- (Every Other Day) students are eligible to ride to and from their designated location. Providing you are in the correct zone.

BK Kindergarten- (Every Other Day) students are eligible to ride to and from their designated location. Providing you are in the correct zone.

Emmett School District #221

208-365-3207

Bus Rules*

1. Pupil shall arrive at the bus stop 5 minutes before the bus is scheduled to arrive.
2. Wait in a safe place, clear of traffic and away from where the bus stops.
3. Wait in an orderly line and avoid "horseplay."
4. Cross the road or street in front of the bus only after the bus has come to a complete stop and **ONLY WHEN DRIVER SIGNALS IT IS SAFE TO CROSS.**
5. Leaving or boarding the bus at locations other than the assigned stop at home or school is not permitted.
6. **Riding to a different stop or with a friend.** Students are not allowed to ride buses to a babysitter, to a friend's house to play or spend the night or to attend meetings or parties unless the student has **a note from his/her parent/guardian** explaining the situation, and has contacted the Bus Shop for approval. No more than two extra students are allowed to go to the same destination without approval to be given from the Bus Shop. (To ensure enough room on the bus.) Approval from the Bus Shop must be obtained before the student boards the bus. **BUS DRIVERS WILL NOT CALL THE BUS SHOP TO CALL HOME FOR PERMISSION TO RIDE.**

** **No Skateboards, Scooters, Rollerblades or Roller-skates are allowed on the bus.**

MINOR (1 Citation Point) (Minor violations remain cumulative the entire school year.)

7. Go directly to an available or assigned seat when entering the bus.
8. Remain seated and facing forward. Keep aisles and exits clear.
9. Idaho State Law requires students to observe total silence at railroad crossings.
10. Eating and drinking are prohibited on the bus unless specific permission has been given by the driver.
11. Noise level must be at a reasonable level, as defined by the bus driver.

MAJOR (2 Citation Points) (Major violations remain cumulative for one year from the date of violation.)

12. Disrespect to or harassment of another student is not permitted.
13. Hitting or inciting others to hit is not permitted.
14. Sexual talk and/or innuendo is prohibited.
15. The use of profane language, obscene or gang gestures is prohibited.
16. Throwing or passing of objects on from or into the bus is prohibited.
17. Extending head, arms or other objects out of the bus window is prohibited.
18. Destruction or misuse of the bus is prohibited.

ZERO TOLERANCE (Zero tolerance violations remain cumulative for one year from date of violation.)

1. Tobacco, alcohol, drugs or any other controlled substances.
2. Weapons or anything that may be used as a weapon (hay knives, marshal arts gear, etc.)
3. Refusal to cooperate with the bus driver and/or violating district policy.
4. Arson: malicious burning of or attempt to burn the bus or equipment.
5. Any threats of a violent nature.
6. Sexual harassment (physical or verbal).
7. Fighting or inciting others to fight.
8. Hazardous materials and objects, animals, nuisance items (i.e., laser lights or pens).

***The administration may modify above rules or add new rules as necessary to maintain safety on the bus.**

Emmett School District #221 Bus Citation Point System

Note: All Citations are cumulative. Elementary age students MAY be given a verbal warning for a minor violation before first citation is issued. Middle school and high school students – first citation is the warning.

A. One Citation Point

1. Driver gives citation to student to take to parent/guardian for signature. Signed citation must be returned within five school days to the bus driver or to the Transportation Department.
2. Driver contacts parent/guardian and informs them of citation. (If driver cannot reach parent/guardian within 24 hours, citation is given to driver's supervisor to inform parent/guardian by phone or registered mail).
3. A copy of the citation is given to school administration.

B. Two Citation Points

1. Driver conducts conference with student advising reason(s) for issuing citation.
2. Driver gives citation to student to take to parent/guardian for signature. Student is suspended from the bus (beginning the day following the incident) until parent/guardian and students arrange for a conference with bus driver, bus shop supervisor and school administration. **Student will not regain bus-riding privileges until such conference takes place.**
3. Driver contacts parent/guardian and informs them of citation. (If driver cannot reach parent/guardian within 24 hours, citation is given to driver's supervisor to inform parent/guardian by phone or registered mail).
4. Student is suspended from the bus for **no less than 2 school days** and up to 5 school days (to be determined by the administration at the conference).*

C. Three Citation Points

1. Driver conducts conference with student advising reason(s) for issuing citation.
2. Driver gives citation to student to take to parent/guardian for signature. Student is suspended from the bus (beginning the day following the incident) until parent/guardian and students arrange for a conference with bus driver, bus shop supervisor and school administration. **Student will not regain bus-riding privileges until such conference takes place.**
3. Driver contacts parent/guardian and informs them of citation. (If driver cannot reach parent/guardian within 24 hours, citation is given to driver's supervisor to inform parent/guardian by phone or registered mail).
4. Student is suspended from the bus for **no less than 5 school days** and up to 10 school days to be determined by the administration at the conference).*

D. Four Citation Points

1. Driver conducts conference with student advising reason(s) for issuing citation.
2. Driver gives citation to student to take to parent/guardian for signature. Student is suspended from the bus (beginning the day following the incident) until parent/guardian and students arrange for a conference with bus driver, bus shop supervisor and school administration. **Student will not regain bus-riding privileges until such conference takes place.**
3. Driver contacts parent/guardian and informs them of citation. (If driver cannot reach parent/guardian within 24 hours, citation is given to driver's supervisor to inform parent/guardian by phone or registered mail).
4. Student is suspended from the bus for **no less than 4 school weeks** and up to 18 school weeks to be determined by the administration at the conference).* Bus suspension may carry over into the next school year.

E. Zero tolerance and Severity Clause

1. Depending on the severity of the violation, the bus shop supervisor or law enforcement may be called to **immediately** remove the student from the bus.
2. Bus riding privileges are immediately suspended for **no less than 18 school weeks** and may be permanently revoked.* Bus suspension may carry over into the next school year.
3. Parent/guardian and student must arrange for a conference (within 3 school days of incident) with bus driver, bus shop supervisor, school administrator and possibly law enforcement to discuss the incident and future of the student.

***Student must be attendance at school on the days for which his/her transportation privilege has been suspended.**

**Emmett School District #221
Bus Riding Contract**

I have gone over the bus rules and list of consequences of the Emmett School District #221 with my child. I understand the rules and the consequences. I understand that riding a school bus is a privilege, not a right, and that my child could lose this privilege by violating the bus rules or disobeying the bus driver. **All students being transported are under the authority of the bus driver and must obey his/her directives.** I understand that the Transportation Department will be working very closely with each school administration to deal with bus violations.

No student will be allowed to ride a school bus in the Emmett School District #221 until a signed copy of this contract has been received by the:

**School Bus Transportation Department
1380 N. Washington Avenue
Emmett, Idaho 83617.**

Student(s) and parent/guardian must sign contract.

Please sign and return this contract. Retain the bus rules for your reference.

Student Signature	School	Grade
Student Signature	School	Grade
Student Signature	School	Grade
Student Signature	School	Grade
Student Signature	School	Grade

Address: _____

Home Phone #: _____

Cell Phone #: _____

Other: _____

Emergency #: _____

Parent/Guardian Signature

Date