

MELBA ELEMENTARY REGISTRATION FORM



Date: _____

CHILD'S NAME (first, middle, last): _____

Date of Birth: _____ Place of Birth: _____

Male Female (circle one)

Physical Address: _____

City, State, Zip

Phone Number: _____

Mailing address: _____

City, State, Zip

Student Lives With: _____

Father's Name (first, last): _____

Father's Employer: _____

Father's Day Time Phone Number: _____

Father's Cell Phone: _____

Father's Home Phone Number: _____

Father's Email: _____

Mother's Name (first, last): _____

Mother's Employer: _____

Mother's Day Time Phone: _____

Mother's Cell Phone: _____

Mother's Home Phone: _____

Mother's Email: _____

Is your child Military Connected: Yes or No (please circle one)

Activity Duty or National Guard or Reserve (please circle one)

List Allergies: _____

List Medical Conditions: _____

List Any Medications: _____

***If your child is taking medications that need to be taken during the school day, please come into the office to fill out the proper forms giving us permission to give your child their medicine.**

In order to better serve your child, please check yes or no to the following questions:

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. My child was enrolled in a Special Education Program. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. My child was receiving speech therapy. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. My child has a hearing problem. |

PERMISSION FOR HOSPITAL EMERGENCY: (circle) Yes No

Parent or Guardian Signature: _____

EMERGENCY CONTACT INFORMATION

Parents will be called first, if we are unable to reach a parent we will then call the names listed below. Students will be released to parents and/or Emergency Contacts only.

Contact Name: _____

Phone Number: _____ Home Work Cell (Circle One)

Relationship to student: _____

Contact Name: _____

Phone Number: _____ Home Work Cell (Circle One)

Relationship to student: _____

Contact Name: _____

Phone Number: _____ Home Work Cell (Circle One)

Relationship to student: _____



Information Regarding Custody

Child's Name: _____

Child lives with both parents in the same residence. Yes or No (please circle one)

There are no custody issues.

Parent Signature: _____ Date: _____

Printed Name: _____

If you answered yes, you do not need to complete the rest of this form. If you answered no, please fill out the form below.

Child does not live with both parents in the same residence. Yes or No (please circle one)

Child can be released to either parent. Yes or No (please circle one)

Melba Elementary has the responsibility for the welfare of the child, but can only function according to the law when properly informed. If parents of a child are separated, the school district must be informed of (1) who has legal custody of the child and (2) what person or persons are approved to see the child or to transport him/her away from school. If there is a restraining order in effect denying either parent the right to see or contact their child, there must be a court order on file in the school office.

We are unable to enforce a court order that we do not have on file.

Who has primary legal custody? Father _____ Mother _____ Other _____

If other, please state relationship to child: _____

Do the parents have join/legal custody? Y/N _____

Which parent/guardian lives at the residence used for school registration?

Father _____ Mother _____ Other _____

Is there a court order on file in the school office? Yes _____ No _____

Date of court order: _____

Is the child currently in foster care? Yes/No (please circle one)

Current Name and Phone Number of Social Worker: _____

Current Name of Guardian ad Litem: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Melba Joint School District #136
Home Language Survey



Dear Parent/Guardian:

The office of Civil Rights of the Idaho State Department of Education requires school districts to determine the dominant language spoken by each student to help provide meaningful instruction for all students.

Please answer these questions and return to your student's school.

This questionnaire becomes a part of the Melba School District's official documentation.

STUDENT NAME: _____

Grade: _____ Date of Birth: _____ Place of Birth: _____

Melba Elementary Junior High Melba High (circle one)

1. What language(s) are spoken in the home? _____
2. What language(s) does your student speak most often? _____
3. What language(s) did your student first learn? _____
4. Which language(s) does your student speak with you? _____
5. Which language do you use when speaking with your student? _____

Will you need someone to help translate letters sent home, if possible? YES NO (circle one)

The U. S. Department of Education requires schools to collect racial and ethnic data using a two-part question. The process for reporting the data collected to the Department is different from the process for the collection of data from individuals. When reporting data to the Department, educational institutions and other recipients will report aggregated racial and ethnic data.

1) Choose One:

- _____ Hispanic or Latino of any race
_____ Non-Hispanic or Latino

2) Choose all that apply:

- _____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White

_____ I refuse to select for the above questions. I understand that this means the school district will have to make the selection for me in order to complete the required state and federal reports.

Parent/Guardian Signature: _____

Translator's Name: _____



Idaho Migrant Education Program

Parent Employment Survey



Versión en español en el otro lado de la hoja

The information provided below is used to identify students who may qualify to receive additional educational services. A program employee may contact you for further information if needed. All information is kept confidential.

Child's Name: _____ District: _____ Date: _____

Birthdate: _____ School: _____ Grade: _____



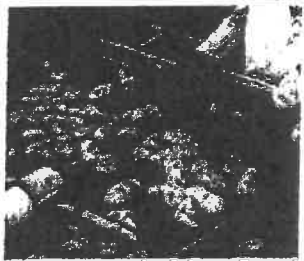

1. In the past three years, has your family lived in another school district? This includes other school districts in Idaho, or another state or country.

Yes _____ (CONTINUE TO #2) No _____ (STOP HERE)

2. In the past three years, has anyone in your household had a job working with any of the products or activities listed below (not including on your own property)?

Yes _____ (CONTINUE TO #3) No _____ (STOP HERE)

Please check all that apply below:

 <p><input type="checkbox"/> Any Crops Examples: corn, potatoes, beans, wheat, sugar beets, fruits, hops, alfalfa, etc. or field preparations</p>	 <p><input type="checkbox"/> Any Livestock Examples: cattle, pigs, sheep, chickens, dairy</p>
 <p><input type="checkbox"/> Processing agricultural products Examples: (Sorting, packing, cutting, etc.) onions, potatoes, meat, fruit, trees, etc.</p>	 <p><input type="checkbox"/> Other agriculture Examples: Forestry, nursery plant care, fishing</p>

3. Parents' Names: _____ Phone: _____

Address: _____ City: _____

Please list all other children in the household less than 22 years of age (include children under 5):

Name	Birthdate	School	Grade

Melba School District
Student Health Update



Name of Student _____ Grade _____ Building: Melba Elem. Melba Jr/Sr High

I understand that in order to provide the safest possible environment and most complete educational program for my child, the school needs to be informed of any health or medical conditions that may affect my child's school day or impact their learning. I understand that for the safety of my child, or to provide for their educational program, the school nurse may need to share information about my child's condition with appropriate school staff. This will be done in a confidential manner. My signature below indicates permission to share necessary health information regarding my child as stated above.

MEDICAL HISTORY (Check the ones that apply to your child's current health and include treatment/response plan. Use additional paper as needed.)

**Please note: For ANY MEDICATION taken at school, additional forms need to be completed with the school nurse*

ADHD: Medication _____ Time taken at home _____ Time taken at school _____

Allergies (specify) _____ Allergy Treatment _____

Asthma: _____ List medication needed for asthma: _____

Do you use an inhaler at school? Yes ___ No ___ Nebulizer treatments? Yes ___ No ___

Blood disorders (specify): _____

Dental Problems: Orthodontics: Braces ___ Invisalign ___ Other: _____

Diabetes (additional forms will need to be completed with school nurse): _____

Depression: _____

Headaches (specify): _____

Hearing Problems (specify): _____

Heart Condition (specify): _____

Physical Handicap (specify): _____

Seizures (specify history): _____

Other (specify): _____

List medications taken at home or school: _____

For what medical condition is the medication taken? _____

PHYSICIANS

Physician Name: _____ Physician's Office/Phone: _____

Dentist: _____ Last Dental Examination (Date) _____

Eye Doctor: _____ Date of Last Eye Examination: _____

Do you wear: Contact Lenses? Yes ___ No ___ Glasses? Yes ___ No ___

I give the Melba District permission to administer: Neosporin ___ Cough Drops ___ Hydrocortisone ___ Bactine ___

Only medication prescribed by a physician, dentist, or optometrist will be administered during the time the student is in school. All medication must be supplied to the school in the original/current container. Nonprescription medication (Tylenol, Ibuprofen, etc.) will only be administered to students with written authorization and instruction provided by the parent or legal guardian and will be the responsibility of the parent to bring the medication to the school in its original container. In case of emergency, accident, or serious illness to the student named on this sheet, in which medical treatment is required, I (parent/guardian) request the school to contact me. If the school is unable to reach me, my signature below authorizes the school to exercise their own judgment in contacting the physician indicated OR make whatever arrangements are necessary OR transport the student to a hospital emergency room at my (parent/guardian) expense. This may involve ambulance cost. Please indicate your insurance coverage below.

Parent/Guardian Signature: _____ Date: _____

Insurance Provider (select one): Private Insurance ___ Medicaid ___ None ___



Melba Elementary School Parent – School Communication

Please complete the following information and return to school with your child. It is important to us that we are able to communicate with families in the most effective manner possible. Most school notes will be sent home with the youngest student in each family. We will also try to send out as much information as possible electronically also.

Please print.

Student(s) Names: _____

Parent Name: _____

Email Address: _____

Please include my email on the school email list.

Cell phone: _____

Please include my cell number on the Melba Elementary General Text Alerts.

Please include my cell number on the Melba Elementary Emergency Alerts.

Parent Name: _____

Email Address: _____

Please include my email on the school email list.

Cell phone: _____

Please include my cell number on the Melba Elementary General Text Alerts.

Please include my cell number on the Melba Elementary Emergency Alerts.



Melba Elementary School Transportation Form

Please print. Give the first and last name for each person.

Student's Name: _____

Mother's Name: _____ Phone #: _____

Father's Name: _____ Phone #: _____

Siblings within the school district:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Please select ONE of the choices of transportation for each school day and circle the days that transportation method will be used.

To School:

Bus from _____ M Tu W Th
Address

Walk/Ride Bike M Tu W Th

Car Rider _____ M Tu W Th
Driver Name

From School:

Bus to _____ M Tu W Th
Address

Walk/Ride Bike M Tu W Th

Car Rider _____ M Tu W Th
Driver Name

****If transportation should change at any time during the school year, a parent must send in a note notifying the teacher.****

Parent Signature: _____



MEDICATION AT SCHOOL

When it is necessary for medication to be given during school hours, the following guidelines must be followed:

1. ANY MEDICATION BROUGHT TO SCHOOL MUST COME IN THE ORIGINAL CONTAINER. For the safety of your student, **NO MEDICATION** of any kind will be given to a student unless it comes in its original container. Medicine that comes in baggies, envelopes, or any improperly labeled container **WILL NOT** be given.
 - a. PRESCRIPTION MEDICATION must be in the original pharmacy dispensed prescription container that includes the following information:
 1. Child's name
 2. Medication name and strength
 3. Dosage to be administered
 4. Specific directions for administration
 5. Authorized health care provider's name and phone number
 - b. When medication doses change, the current prescription bottle needs to reflect the new dose changes.
 - c. OVER THE COUNTER MEDICATION must be in the original container with a proper label displaying a non-expired date. **OUTDATED MEDICATION WILL NOT BE GIVEN.**
2. WRITTEN CONSENT FOR GIVING MEDICATION, FROM A PARENT/GUARDIAN, MUST ACCOMPANY ANY MEDICINE BROUGHT TO SCHOOL
 - a. A parent/guardian must complete the **AUTHORIZATION TO ADMINISTER MEDICATION** or **AUTHORIZATION TO SELF-ADMINISTER MEDICATION** form giving directions and written consent for medication to be given to your child.
 - b. If parent directions do not follow the guidelines written on the label regarding frequency and dose, the medicine will not be given without a written note from a doctor.
 - c. By signing the required consent form you give permission for the school nurse to contact the physician/dentist, if necessary regarding the medication(s).

Please note that unless specifically directed by your health care provider, medications to be given three times daily can be administered at home before school, after school, and at bedtime.