

**Bruneau Grand View Joint School District  
Student Enrollment Form**

Date of Enrollment: \_\_\_\_\_

Has the Student ever attended a Bruneau Grand View School Before?  No  Yes

If yes, provide the School, Grade, and Year Attended \_\_\_\_\_

Last School Attended (if applicable): \_\_\_\_\_ Last Day Attended: \_\_\_\_\_

City, State: \_\_\_\_\_ Did student receive Special Services at Previous School?  No  Yes

**Student Information**

Student's **LEGAL** Name: \_\_\_\_\_  
Last Name First Name Middle Name

Preferred Name/Nickname (if any): \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 Male  Female

<i>(Optional) Ethnicity - Check all that apply</i>	
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> Other
<input type="checkbox"/> Black, Not Hispanic	<input type="checkbox"/> Pacific Islander
	<input type="checkbox"/> White, Not Hispanic

Grade Level: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street Apt/Lot (No P.O Box) City State Zip

Mailing (if different): \_\_\_\_\_  
Street Apt/Lot/P.O. Box City State Zip

**Parent/Guardian Information**

Student lives with:  Parents  Mother Only  Father Only  Mother & Step parent  
 Father & Step parent  Legal Guardian  Other

**Mother**  Ms.  Mrs.  Miss  Dr.

Name: \_\_\_\_\_  
Last First Maiden Name (Last name only)

Phone Numbers: \_\_\_\_\_  
Day/Work Phone Cell Phone Home Phone (if different from student's)

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from student's): Street Apt/Lot/P.O Box City State Zip

**Father**  Mr.  Dr.

Name: \_\_\_\_\_  
Last First

Phone Numbers: \_\_\_\_\_  
Day/Work Phone Cell Phone Home Phone (if different from student's)

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from student's): Street Apt/Lot/P.O Box City State Zip

**Custodial Information** (if applicable)

Who has custody of the student?  Mother  Father  Joint  Other Party

Is there a legal custody agreement involving this child?  No  Yes\*

\*A copy of court documents must be provided to the school showing the rights of the parents.



# Bruneau/Grand View School District

## Media Consent and Waiver Form

This form will be good for the current school year. This policy relates to classroom activities or school events that are not already open to the public. Public events such as sporting events, theatre productions, etc. are considered open to the public and photographers and videographers are not included in this policy.

All opinions, advice, services and all other information expressed by students, staff, information providers, service providers, or other third party personnel on the district technology system are those of the individual and do not represent the views or position of Bruneau/Grand View School District, unless these parties are acting in the official capacity, within the limits their authority. Users will hold Bruneau/Grand View School District harmless against any claim, lawsuit or cause of action arising out of the use of the district's technology systems or connection to the internet. Bruneau/Grand View School District is not liable for any defamatory, offensive, infringing or illegal materials or conduct on the part of, or attributable to any third party, and reserves the right to remove such materials from its website without liability.

By granting permission to this waiver you are agreeing to your son/daughter being photographed, interviewed and/or videotaped by representatives of Bruneau/Grand View School District and/or media outlets (newspaper, T.V. stations, etc...). Any information or images obtained from those activities may be reproduced by the school district and/or the public media for use in advertising, publicity or educational activities, including but not limited to district and school publications, websites, videos, print, yearbook, and television news. I hereby waive any claims I may have, and release the school district and its employees from liability of claims arising out of such activities.

(Please mark "YES" or "NO" below and return this complete page to your student's school)

Yes, I grant permission for \_\_\_\_\_  
(Student's Printed Name)

No, I don't grant permission for \_\_\_\_\_  
(Student's Printed Name)

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardians' Printed Name: \_\_\_\_\_

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

Over →

# JOINT SCHOOL DISTRICT NO. 365

BRUNEAU – GRAND VIEW



## Student Technology Use Agreement

### Student Agreement:

The student understands and agrees to abide by the Bruneau Grand View School District's Technology Use policy regarding access/use of the internet. The student further understands that should he/she not comply with Technology Use Policy and Acceptable Use Procedures and Guidelines, his/her privileges may be revoked, and school disciplinary actions and/or appropriate legal action may be taken. In consideration for using the District's Internet connection and having access to public networks, the student hereby releases Bruneau Grand View School District and its Board members, and agents from any claims and damages arising from, or as a result of his/her use or inability to use the internet.

### Parent/Guardian Agreement:

As the parent/guardian of the student, I understand the content of Bruneau Grand View School District's Technology Use Policy and Acceptable Use Policy. I understand that Internet access is designed for educational purposes. Bruneau Grand View School District has taken precautions to restrict access to controversial material. However, I also recognize that it is impossible for Bruneau Grand View School District to restrict access to all controversial materials, and I will not hold Bruneau Grand View School District responsible for materials acquired or accessed on the internet. In consideration for my child using the District's Internet connection and having access to public networks for my child, I hereby release Bruneau Grand View School District and Board members, employees, and agents from any claims and damages arising from, or as a result of my child's use or inability to use the internet. I hereby give my permission for my child to have access to the school's internet. Using the network services provided by the district, I also certify that the information contained on this form is correct. The technology equipment is the property of Bruneau Grand View School District, as is being loaned to your student for educational purposes only. Your student will be held responsible for loss or damage to the technology equipment not covered under the product warranty. Intentional misuse or abuse to the technology equipment could result in legal action.

*All opinions, advice, services and all other information expressed by students, staff, information providers, service providers, or other third party personnel on the district technology system are those of the individual and do not represent the views or position of Bruneau Grand View School District, unless these parties are acting in the official capacity, within the limits of their authority. Users will hold Bruneau Grand View School District harmless against any claim, lawsuit or cause of action arising out of the use of the district's technology systems or connection to the internet. Bruneau Grand View School District is not liable for any defamatory, offensive, infringing or illegal materials or conduct on the part of, or attributable to any third party, and reserves the right to remove such material from its website without liability.*

I have read and understand the Student Technology Use Agreement. I understand the technology use and acceptable use policy is available online at [www.sd365.us/Rimrock\\_High](http://www.sd365.us/Rimrock_High) or I can request a hard copy.

Student Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

# JOINT SCHOOL DISTRICT NO. 365

BRUNEAU - GRAND VIEW

Formed 4-26-65



## Bus Rules

The School District furnishes transportation; however, this does not relieve the parents of students from the responsibility of supervision until such time as the child boards the bus in the morning and after the child leaves the bus at the end of the school day. Once a child boards the bus, and only at that time, does he/she become the responsibility of the school district. Such responsibility shall end when the child is delivered to the regular bus stop at the close of the school day. In view of the fact that a bus is an extension of the classroom, the bus drivers shall require children to conduct themselves in a manner consistent with established standards for classroom behavior. Riding the bus is a privilege and may be denied.

To insure the safety of all students riding the bus, the following rules will be followed: (1) Pupil shall arrive at the bus stop before the bus arrives. The bus cannot wait for those who are tardy. (2) Pupil shall wait in a safe place, clear of traffic and away from where the bus stops. (3) Pupil shall wait in an orderly line and avoid horseplay. (4) Pupil shall cross the road or street in front of the bus only after the bus has come to a complete stop and upon direction of the driver. (5) Driver may assign pupil to a seat. Pupil shall go directly to an available or assigned seat when entering the bus. (6) Pupil shall remain seated and keep aisles and exits clear. (7) Pupil shall observe classroom conduct and obey the driver promptly and respectfully. (8) Pupil shall refrain from throwing or passing objects on, from, or into buses. (9) Pupil is permitted to carry only objects that can be held on his/her lap. Arrangements must be made with the driver for large musical instruments. (10) Pupil shall not use profane or obscene language, tobacco, alcohol, drugs or any other controlled substance on the bus. (11) Eating and drinking on the bus may be permitted or prohibited at the driver's discretion. (12) Pupil shall not carry hazardous materials, nuisance items, and animals onto the bus. (13) Pupil shall respect the rights and safety of others. (14) Pupil shall refrain from leaving or boarding the bus at locations other than the assigned stops at home or school. (15) Pupil shall refrain from extending head, arms, or objects out of the bus windows.

When in the opinion of the bus driver, the disciplinary action warrants the issuance of a Bus Misconduct report to the student, the driver shall notify the building Principal of the issuance of the report. The report must be signed by the student's parents and returned to the bus driver before the student will be allowed to resume riding the bus. The driver will return the signed misconduct report to the Principal to be filed in the student's file. If a second Bus Misconduct report is issued, the bus driver shall notify the student and his/her parents that he/she has been suspended from the bus and the parent must contact the building Principal in order to resolve the problem. The bus driver should also inform the Principal of the incident. Once the building Principal has been contacted by the student's parent, the Principal may arrange for a conference between the student, the parents, and the bus driver. If a third notice is issued, the same procedure shall be followed as outlined for the second notice except the building Principal shall automatically suspend the student from riding the bus for five (5) days. A conference shall be arranged before the student will be allowed back on the bus. If a fourth notice is issued, the same procedure shall be followed as outline for the second notice except the building Principal shall inform the student and parents that the student's riding privileges have been revoked for the remainder of the school year and that upon parental request, a hearing will be held at the next regularly scheduled school board meeting to review the matter. If in the opinion of the building Principal or Superintendent, the reported misconduct warrants, additional discipline measures may be imposed after any misconduct notice.

I have read and understand the bus rules.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date





**PLEASE READ CAREFULLY AND COMPLETE FULLY**

No student or family will be discriminated against based upon any of the information provided in this form. The information you provide is confidential. The answers you give will help us determine the services your student may be eligible to receive at under the McKinney-Vento Act.

**Student Information**

Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_ Is the student living with their Parent or Legal Guardian? YES NO

*If not living with Parent or Legal Guardian, who is residing in the same location as the student?*

*Student's current address, if different*

**Housing**

Date this student moved to this address: \_\_\_\_\_ How long do you expect to be at this address? \_\_\_\_\_

Do you own or rent your current home/apartment? YES NO   If no, are you seeking permanent housing? YES NO

Number of adults over 21 living in the home and relationship to the student: \_\_\_\_\_  
\_\_\_\_\_

Number of children under 21 living in this home (including the student)? \_\_\_\_\_

Name of children (under 21) at this address, ages, relationship to student, and schools they attend (please include all children not yet in school):  
\_\_\_\_\_  
\_\_\_\_\_

Siblings at other addresses? \_\_\_\_\_

# of bedrooms in the home? \_\_\_\_\_

**Check all that apply:**

- Doubled up: living with family or friends due to natural disaster, financial hardship or loss of housing.
- Eviction notice or mortgage foreclosure in the past year.
- Living without adequate heat, electricity, plumbing or water.
- Living in a shelter/transitional housing. Name of agency: \_\_\_\_\_
- Living in hotel/motel due to lack of other suitable housing. Name of hotel/motel: \_\_\_\_\_
- Living on the street, in an abandoned building, in car, campground, or other public place not intended for regular habitation. Please explain: \_\_\_\_\_

In the past three (3) years, has any one in your household had to move to be a paid laborer in any of the following areas: farming, livestock, or processing agricultural products? YES NO

**Signature**

I verify that the information provided above is true and correct.

\_\_\_\_\_  
*Printed Name and Relationship of Person Completing the Form*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Person Completing the Form*

## POR FAVOR LEA CUIDADOSAMENTE Y COMPLETE TOTALMENTE

Ningún estudiante o familia será discriminado en función de la información proporcionada en este formulario. La información que proporciona es confidencial. Las respuestas que nos brinde nos ayudarán a determinar los servicios que su hijo puede ser elegible para recibir bajo McKinney-Vento Act.

### Información del Estudiante

Nombre Completo: \_\_\_\_\_ Grado: \_\_\_\_\_ Escuela: \_\_\_\_\_

Dirección: \_\_\_\_\_  
*Dirección* *Apartment/Unit #*

*Ciudad* *Estado* *Código Postal*

Fecha de nacimiento: \_\_\_\_\_ Género: \_\_\_\_\_ Etnicidad: \_\_\_\_\_ Número de teléfono: \_\_\_\_\_

Email: \_\_\_\_\_

Nombre del Padre/Guardián legal: \_\_\_\_\_ ¿El estudiante vive con su padre o Guardián legal?  SI  NO

*Si no vive con el padre o tutor legal, ¿quién reside en el mismo lugar que el estudiante?*

*Dirección actual del alumno, si es diferente*

### Alojamiento

Fecha en que este estudiante se mudó a esta dirección: \_\_\_\_\_ ¿Cuánto tiempo espera estar en esta dirección? \_\_\_\_\_

¿Esta usted comprando o rentando su casa / apartamento?  SI  NO Si no, ¿busca vivienda permanente?  SI  NO

Número de adultos mayores de 21 años que viven en el hogar y relación con el estudiante: \_\_\_\_\_

¿Número de niños menores de 21 años que viven en este hogar (incluya el estudiante)? \_\_\_\_\_

Nombre de los niños (menores de 21 años) en esta dirección, edades, relación con el estudiante y las escuelas a las que asisten (incluya a todos los niños que aún no están en la escuela): \_\_\_\_\_

¿Hermanos en otras direcciones? \_\_\_\_\_

# de recamaras en la casa? \_\_\_\_\_

Marque todo lo que corresponda:

- Vive con familiares o amigos debido a desastres naturales, dificultades financieras o pérdida de vivienda.
- Aviso de desalojo o ejecución hipotecaria en el último año.
- Vive sin calefacción, electricidad, fontanería o agua adecuadas.
- Vive en un refugio / vivienda de transición. Nombre de la agencia: \_\_\_\_\_
- Vive en un hotel / motel debido a la falta de otra vivienda adecuada.
- Nombre del hotel / motel: \_\_\_\_\_
- Vive en la calle, en un edificio abandonado, en un automóvil, un campamento u otro lugar público que no esté destinado a la vivienda habitual.
- Por favor explique: \_\_\_\_\_

En los últimos tres (3) años, ¿alguien en su hogar tuvo que mudarse para ser un trabajador remunerado en alguna de las siguientes áreas: agricultura, ganadería o procesamiento de agricultura?  SI  NO

### Firma

Verifico que la información proporcionada anteriormente es verdadera y correcta.

\_\_\_\_\_  
*Nombre impreso y relación de la persona que completa el formulario*

\_\_\_\_\_  
*Fecha*

\_\_\_\_\_  
*Firma de la persona que completa el formulario*



# 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 these products or activities (not including on your own property)?

Yes \_\_\_\_\_ (CONTINUE TO #3) No \_\_\_\_\_ (STOP HERE)

Please check all that apply below:

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

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



# Idaho Migrant Education Program

## Encuesta de Empleo para los Padres

English version on the other side



La información abajo es para identificar a estudiantes que puedan calificar para recibir servicios adicionales de educación. Es posible que un empleado del programa le contacte a usted para obtener más información. Toda la información es confidencial.

Nombre del niño: \_\_\_\_\_ Distrito: \_\_\_\_\_ Fecha: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_ Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_

1. ¿En los últimos tres años, ha vivido su familia en otro distrito escolar? Esto incluye otros distritos escolares en Idaho, u otro estado o país.

Sí \_\_\_\_\_ (SIGA AL #2) No \_\_\_\_\_ (PARE AQUÍ)

2. En los últimos tres años, ¿hubo alguien en su hogar un trabajando con alguno de estos productos o actividades (sin incluir su propiedad)?

Si \_\_\_\_\_ (SIGA AL #3) No \_\_\_\_\_ (PARE AQUÍ)

Por favor marque todos los que apliquen abajo:

	<input type="checkbox"/> <b>Cualquier Cultivos</b> Ejemplos: maíz, papas, frijoles, trigo, remolacha, frutas, lúpulo, alfalfa, etc. o preparación de campo		<input type="checkbox"/> <b>Cualquier ganado</b> Ejemplos: vacas, cerdos, ovejas, pollos, lechería
	<input type="checkbox"/> <b>Procesamiento de productos agrícolas.</b> Ejemplos: (Clasificación, empaque, corte, etc.) cebollas, papas, carne, frutas, árboles, etc.		<input type="checkbox"/> <b>Otra agricultura</b> Ejemplos: silvicultura, cuidado de plantas de vivero, pescar

3. Nombre de los padres: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_

Por favor liste a todos los niños menores de 22 años en la casa:

Nombre	Fecha de Nacimiento	Escuela	Grado

JOINT SCHOOL DISTRICT NO. 365

BRUNEAU – GRAND VIEW

Kimberly & St. High



**Bruneau Grand View School District  
Home Language Survey**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Gender (circle):      Male      Female      Date of Birth: \_\_\_\_\_

**Home Language Survey**

Our school district along with the Idaho State Department of Education and the Office for Civil Rights require that students' language(s) are identified. This survey's purpose is to determine whether they are potentially eligible for language services.

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 does your child speak with you?
5. Which language do you use when speaking with your child?
6. Which language do you want phone calls and letters?
7. What is your relationship to the child?     Father     Mother     Guardian     Other - please specify: \_\_\_\_\_
8. Is there any additional information you would like the school to know about your child?

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

