



Rolling Hills Public Charter School

8900 N Horseshoe Bend Road, Boise, ID 83714

(208) 939-5400, Fax (208) 939-5401, Email: contact@rhpcs.org

Website: www.rhpcs.org

2018 – 2019 New Student Enrollment Information & Forms – Grades 1-8

Dear Parent/Guardian,

Per the Enrollment Offer email you have recently received for your child, we are pleased to be able to offer your child placement at Rolling Hills Public Charter School for the upcoming 2018-2019 school year. **Acceptance of the placement offered to your child must be faxed or emailed to RHPCS within 48 hours of your placement offer.** If your acceptance is not received within that timeframe, placement will be offered to the next child on the waiting list.

In order to finalize your child's enrollment after your initial acceptance, **the following required documents and completed & signed forms must be received at the school office within 5 days of the acceptance of your child's placement.** Forms and documents may be submitted via fax, email, postal mail, or in person. Failure to complete this enrollment process may result in the loss of your child's placement.

Provide a copy of the following documents (originals can be brought to the school office to be copied if needed):

- Your child's state-issued birth certificate
- Your child's immunization record showing completion of Idaho School Immunization Requirements.

Complete, sign and return the following forms: (You will find the enrollment packet and/or individual forms are available to print from the Enrollment Forms page on the school website at: <http://www.rhpcs.org/enrollment-forms.html>)

- **Acceptance Form for 2018-2019 Enrollment** (1 per student, required)
- **Request for Transfer of Student Records Form** (1 per student, required)
- **2018-2019 Enrollment Form** (1 per student, required)
- **Student Health Information Form** (1 per student, required)
- **Authorization to Give Non-Prescription Medication** (1 per student, required)
- **Student Transportation Information Form** (1 per student, required)
- **Student Name & Image Disclosure/Release Form** (1 per student, required)
- **Library Use & Materials Checkout Agreement** (1 per student, required)
- **Library "Young Adult" Checkout Permission Slip** (1 per student in grades 6-8, required. Not applicable for younger grades)
- **Military Connection Information Form** (1 per student, required)
- **RHPCS Handbook Agreement Form** (1 per student, required)
- **Home Language Survey** (1 per student, required)
- **Student Residency Questionnaire Form** (1 per family, complete & return only if applicable)
- **Carpool Interest Form** (1 per family, optional)

Please check the "Parent Resources" tab on the school website www.rhpcs.org for the following updated information and addition resources, as they become available:

- Calendar for the 2018-2019 Rolling Hills Public Charter School Year (RHPCS' 1st day of school is Wed., August 22, 2018)
- RHPCS Dress Code
- RHPCS School Handbook
- School Supply Lists by Grade
- RHPCS Food Services Information (including Free/Reduced Food Service Application)
- And much more!

We look forward to having your child at Rolling Hills and counting you a part of the Rolling Hills family. Please feel free to contact the school office by phone at (208) 939-5400 or by email at contact@rhpcs.org with any questions or concerns you may have. If your plans for enrollment at RHPCS change, please notify the school office immediately.

Sincerely,

Teri L Friend

Teri Friend - Secretary



Rolling Hills Public Charter School Acceptance Form for 2018-2019 Enrollment

Student Name: _____ Grade: _____

Check the applicable response:

_____ **I/We accept the enrollment offered** for our above listed child for the 2018-2019 school year at Rolling Hills Public Charter School. We will notify the school immediately if our plans to have our child attend Rolling Hills change prior to the start of the school year.

If accepting enrollment, please let us know about special services your student may need at RHPCS, if any: (Check any that apply)

_____ Our child has an existing Individualized Educational Plan (IEP) for Special Education services at _____ (name of current school). Provide a current copy of the IEP and Eligibility documents to RHPCS with your enrollment acceptance and enrollment forms package. You will be contacted by our Special Education department to review the need for IEP services at RHPCS.

_____ Our child has an existing 504 Accommodation Plan at _____ (name of current school). Attach a current copy of the 504 plan.

_____ Our child is receiving Limited English Proficiency (LEP) or English Language Learning (ELL) services at _____ (name of current school), or may need to be evaluated.

_____ Other special needs, please specify: _____

_____ **No, I/we decline enrollment** offered for our above listed child for the 2018-2019 school year at Rolling Hills Public Charter School. I understand that by declining this offer, the seat will be released and offered to the next child on the waiting list.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Additional Comments: _____



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REQUEST FOR TRANSFER OF STUDENT RECORDS

Date of Request: _____

To:

School Name _____

Address _____

City, State, ZIP _____

Via Fax #: _____

Phone #: _____

The following student has enrolled at Rolling Hills Public Charter School for the 2018-2019 school year. The student will begin at RHPCS on August 22, 2018.

Student Name: _____ D.O.B. _____ Grade in 2018-2019 _____

Please forward student records, including:

- All school records** (include any confidential and/or Special Education records, if applicable.)
- Progress Records (include transcripts, attendance records, standardized test results e.g. IRI & ISAT, etc.)
- Health Information (include birth certificate, immunization records, vision/hearing/health screening)
- Behavioral Records (Disciplinary history, psychological test results, personality evaluation, medical info.)
- Special Services Records (include current IEP & Eligibility Report, 504 Accommodation Plan, LEP, Gifted/Talented)
- Speech/Language/Hearing Records
- _____ Other _____

Please forward student record information (including Special Education IEP & Eligibility, if applicable) at this time and then send final grade records and final standardized testing scores at the conclusion of this school year. Thank you!

Additional comments: _____

I request that the records checked above be released and forwarded to Rolling Hills Public Charter School.

Signature of Parent/Guardian _____ Date: _____

Please forward records to Rolling Hills Public Charter School at the address listed at the top of the page.

Note: Federal Law 99.31 specifies that no parental signature is required for educational records to be release to another educational agency.



Rolling Hills Public Charter School

2018-2019 Enrollment Form

Please complete one form for *EACH* student enrolled at RHPCS

Student's Full LEGAL Name: _____
First Middle Last/Family Name

Also known as/Goes by Name: _____ Gender: Male [] Female []

Grade Level (2018-2019): _____ Date of Birth: _____ Place of Birth: _____

If born outside of the U.S., month/year of U.S. Entry: _____ What is the PRIMARY Language spoken in home? _____

Ethnicity (Optional), check all that apply: Special Services at previous school or expected to be needed at RHPCS? No [] Yes []

[] American Indian

[] Alaska Native

[] Asian

[] Black/African American

[] Hispanic/Latino

[] Native Hawaiian/Pacific Islander

[] White

If yes, briefly describe: _____

Circle any that apply: IEP 504 Gifted/Talented LEP Title 1 Other _____

Please provide a copy of current documentation related to these or other Special Services.

Last school attended (if other than RHPCS): _____

School Address: _____ School Ph# & Fax#: _____
Street Address City/State/ZIP

Student lives with: [] Both parents in same household, [] Both parents but in separate households, [] Mother only,
[] Father only, [] Legal guardian(s), Other (specify) _____

Custodial Information (if applicable): Be sure to provide RHPCS with copies of necessary physical/legal custody documentation.

Physical custody: [] Mother, [] Father, [] Joint, Other (specify) _____

Non-custodial Parent has: Permission to see student - [] Yes, [] No, Permission to pick up student - [] Yes, [] No

Educational Decision Making Authority: [] Mother, [] Father, [] Joint, Other (specify) _____

Additional Information: _____

Student's PRIMARY Address and Contact Information:

The student's primary contact information will be published in the school directory unless you request to be excluded by initialing here: _____ (Do NOT Publish)

Student's Primary Physical Home Address:

Street Address City State ZIP

Home Phone: _____ Cell Phone(s): _____

Cell# for _____ Cell # for _____

Best Parent/Guardian Email address(es) to use for school communications:

Parent/Guardian (Living at Student's primary address)

Name: _____ Relation to Student: _____

Email (if different than above): _____ Best Ph#: _____

Employer: _____ Occupation: _____

Work Email: _____ Work/Alt Ph#: _____

Parent/Guardian/Other Responsible Adult (Living at Student's primary address)

Name: _____ Relation to Student: _____

Email (if different than above): _____ Best Ph#: _____

Employer: _____ Occupation: _____

Work Email: _____ Work/Alt Ph#: _____

Student Name: _____

SECONDARY Household (if applicable) – If the student lives in both households, please check here []

Street Address _____ City _____ State _____ ZIP _____

Home Phone: _____ Cell Phone(s): _____

Cell# for _____ Cell # for _____

Best Email address(es) to use for school communications: _____

Parent/Guardian (Living at Student's secondary address)

Name: _____ Relation to Student: _____

Email (if different than above): _____ Best Ph#: _____

Employer: _____ Occupation: _____

Work Email: _____ Work/Alt Ph#: _____

Parent/Guardian/Other Responsible Adult (Living at Student's secondary address)

Name: _____ Relation to Student: _____

Email (if different than above): _____ Best Ph#: _____

Employer: _____ Occupation: _____

Work Email: _____ Work/Alt Ph#: _____

Siblings: List all children living in the same household(s) as the student

Name _____ Birthdate _____ Grade _____ School child attends _____

Name _____ Birthdate _____ Grade _____ School child attends _____

Name _____ Birthdate _____ Grade _____ School child attends _____

Name _____ Birthdate _____ Grade _____ School child attends _____

Name _____ Birthdate _____ Grade _____ School child attends _____

Emergency Contacts: List two local people other than student's parent(s) who can be contacted and who are authorized to pick child up in case of emergency/illness if parent is unable to be reached.

#1). Name: _____ Relation to student: _____

Home Ph#: _____ Work Ph#: _____ Cell Ph#: _____

Email: _____

#2). Name: _____ Relation to student: _____

Home Ph#: _____ Work Ph#: _____ Cell Ph#: _____

Email: _____

The information provided on this form is accurate and complete to the best of my knowledge.

Parent Guardian/Signature: _____ Date: _____

For office use only:

Student demographic information added to/updated in Lumen: [], date entered: _____

Birth certificate: On file [], STILL NEED []

Immunization records: On file [], STILL NEED [] Immunization Verified Complete: Yes [], No [], Exemption on file []

Immunization Information Entered in Lumen [], date entered: _____

Student Health Information Form: On file [], STILL NEED []. Info Entered in Lumen []: date entered: _____

Authorization to Give Non-Prescription Medication: On file [], STILL NEED []. Info Entered in Lumen [], date entered: _____



Rolling Hills Public Charter School
2018-2019 Student Health Information Form
 Please complete one form for *EACH* student enrolled at RHPCS

The following information is requested so that we can better assist your child in case of any medical concern that may arise while your child is at school. The information may be shared with school personnel when needed to assist with your child's education or health/safety. The information may be shared with emergency services personnel if the need arises.

Student's Name: _____ Gender: Male [] Female []

Grade: _____ Date of Birth: _____ Age: _____

Has your child had all the immunizations required for Idaho school attendance*? Yes [] No []

If your response is no: Contact the school office to discuss conditional admission or to complete and submit the currently required Idaho Certificate of Immunization Exemption form.

*Parent/guardian must provide immunization record to school for verification prior to school attendance.

Has your child ever had Chicken Pox? Yes [] No []

Does your child have any known allergies? Yes [] No []

If yes, please explain the nature and severity of the allergy: _____

Recommended action in case of allergy occurrence/reaction: _____

Does your child have any specific medical condition or physically limiting disorder that we should know about?

Yes [] No [] If yes, please explain _____

Is your child currently taking any medication (prescription, non-prescription, or supplement) on a regular basis?

Yes [] No [] If yes, please detail medication, dosage, and purpose for each: _____

Will it be necessary for your child to take prescription medication at school?* Yes [] No []

*Medications of any sort taken at school provided to school in original labeled prescription container(s), kept at the office and dispensed by school personnel. Contact the school office to complete necessary authorization form(s).

Does your child wear glasses _____ or contact lenses _____? Yes [] No []

Does your child have hearing difficulty or a hearing loss? Yes [] No []

If yes, please explain: _____

Child's Primary Physician: _____ Phone#: _____

Doctor's Office Location: _____

In case of a medical emergency, the school has my permission to call emergency services and/or take my child to the nearest hospital. Notes/Requests: _____

Signature of parent/guardian: _____ Date: _____

Use the back side of this form if additional space is needed for entries.

The information provided on this form is accurate and complete to the best of my knowledge.

Signature of parent/guardian: _____ Date: _____



Rolling Hills Public Charter School
2018-2019 Authorization to Give Non-Prescription Medication
 Please complete one form for *EACH* student enrolled at RHPCS

This form must be completed and on file in the school office before RHPCS personnel may dispense any non-prescription medication. **Please return this form even if you do NOT want us to give medication to your child.** If you DO want RHPCS personnel to dispense medication to your child for minor illness and/or discomfort, please check which medications we offer that we can give to your child and provide any special instructions. We will follow the package instruction of how much and how often to give unless you give alternate instructions.

Student Name: _____ Teacher: _____

Grade: _____ Date of Birth: _____ Approx. Weight: _____

NO PERMISSION GIVEN

I, _____, do **NOT** give permission for RHPCS personnel to give any of the listed
(Printed name of Parent/Guardian)
 non-prescription (over-the-counter) medication to my child.

Parent/Guardian Signature _____ Date _____

Non-Prescription Medication PERMISSION GIVEN

I, _____, give permission for RHPCS personnel to dispense the following
(Printed name of Parent/Guardian)
 non-prescription (over-the-counter) medication (as checked below) to my child if he/she has minor illness or expresses discomfort. Medication will be dispensed per package instructions/recommendations, unless specified in the notes/request area below.

Please check "yes" or "no" for each type of medication listed to indicate if we may administer:

Acetaminophen (e.g. Tylenol)	Yes _____	No _____
Ibuprofen (e.g. Advil)	Yes _____	No _____
Antacid/Calcium Supplement (e.g. Tums)	Yes _____	No _____
Cough Suppressant Drop (e.g. Halls)	Yes _____	No _____

Notes/Requests: _____

Signing this form shall release RHPCS, staff members, and Board from any liability of any nature that might result from the administration of medication to the student.

Parent/Guardian Signature: _____ Date: _____

If you wish to send your own non-prescription (over-the-counter) medication, to be kept in the office for your child, it must be in the original, labeled, container and labeled with child's name and include your permission to dispense.

****Any prescription medication that needs to be administered during the school day requires a separate authorization form. Please contact the school office for more information and the necessary form.****



Rolling Hills Public Charter School

2018-2019 Student Transportation Information Form

Please complete one form for *EACH* student enrolled at RHPCS

For the safety of our students during arrival and dismissal times, we request that you provide as specific as possible information regarding your plan for regular transportation to and from school, and acceptable alternatives. If a circumstance arises that varies from this plan, please contact the school office so we can be sure is safely released to an alternate approved person.

Student Name: _____ Grade: _____

Please circle appropriate response(s) (additional notes can be provided for clarity):

My child will regularly be going to school from: Home Childcare Other _____

My child will regularly be going from school to: Home Childcare Other _____

Name of Childcare Provider (if applicable): _____, Best Contact # _____

My child will/may travel to/from school by:

Parent vehicle Childcare vehicle Carpool Bike/scooter/skateboard Walking Other _____

Note: Students who walk or bike/scooter/skateboard/ etc. to/from school are expected to travel directly between home and school and to respect the property of others along the route.

Carpool Details (if applicable):

Other RHPCS students in carpool include: _____

Regular carpool drivers include (provide name & cell/best ph#): _____

Details of Regular carpool schedule: _____

Additional persons who are authorized to transport my child to/from school (others in addition to Parent/Guardians and Emergency Contacts listed on current student enrollment form):

Name(s):	Relation to Student	Cell/Best Contact Ph#:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any additional notes: _____

General Drop Off/Pick Up Information (see RHPCS Handbook for more detailed info.):

- Regular student morning drop off for school begins at 7:45 a.m. (Students coming early to school for school breakfast may be dropped off beginning at 7:30 a.m. and should go directly to the café at the back of school)
- Regular student afternoon pick up begins promptly at 2:30 p.m. Students are to be picked up in the Optimist Complex parking lot at the corner of Old Horseshoe Bend Rd & Hill Rd. (RHPCS' own circle drive and connected parking area are utilized following afterschool activities.)
- Students are required to be picked up within 15 minutes after school or after school activity, limited or no supervision is available beyond that time. In case of emergency or unusual circumstances, contact the school office to make specific arrangements.

Parent/Guardian Signature: _____ Date: _____



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2018-2019 Student Name & Image Disclosure/Release Form

Throughout the year, Rolling Hills Public Charter School/District will take photos/videos of the students during classroom and school activities and events, as well as during school-sponsored activities that may occur off-site. These images may be utilized for marketing or other purposes, including, but not limited to: publications, presentations, Web pages, Facebook or other social media sites, press releases, newspaper articles, and other possible mediums.

As a parent/guardian, you choose how your child's image/name may be disclosed by Rolling Hills Public Charter School/District. **Please check one box, sign and date form, and return with registration materials. This form must be on file for each student, and is valid for the school year at Rolling Hills.** If you choose to change your child's release status, you must submit a new form. Forms may be obtained from your child's school.

Please check/initial the most appropriate box below for your permission (mark 1 selection only).

I give my full permission to Rolling Hills Public Charter School/District, at its discretion, to release photos/videos and/or name of my child for the purposes stated above.

I give permission to Rolling Hills Public Charter School/District, at its discretion, to release photos/videos only of my child for the purposes stated above. I do not give permission to release my child's name along with the photo/video.

I do NOT give permission to Rolling Hills Public Charter School/District to release my child's records either in form of photo or video nor name. I do NOT want any of my child's name nor image released to the public, except where it is permissible by law.

This permission is given for the 2018-2019 school year of only. I understand that a new permission slip will need to be signed for each school year that my child attends Rolling Hills Public Charter School/District.

NOTE: No payment will be made to a child photographed under terms of this release or to his/her family if and when the photographs are used for the purposes stated in this release. Parents/guardians waive the right to preview or approve the finished photographs or video.

Note: Rolling Hills annual school yearbook is considered an internal school publication and is not subject to these restrictions. If you do not want your child's name/photo to be included in these publications, please notify the school principal in writing.

My child's name is:

First Name

Last Name

Grade Level

Parent/Guardian Signature

Date

Parent/Guardian Printed Name



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2018-2019 Library Use & Materials Checkout Agreement

Dear Parents,

I'm looking forward to meeting all your children in the library. Our library and its contents are a valuable resource for our students and staff. Please take some time to speak with your child regarding the following rules of the Rolling Hills library and being responsible for the handling, care, and return of the books he/she checks out.

RHPCS Library Rules:

1. Students will enter the library quietly and listen attentively during instruction time.
2. Students are to be respectful, courteous, and kind at all times.
3. Students will treat the library area and the books and materials in the library with respect.
4. No food or drinks are allowed in the library.
5. Students are to never take the library books out of the library if there is not a library assistant available for check out.
6. Books are due one week after being checked out. Some items may be renewed if there is not a waiting list/hold for the item.
7. Books must be returned in the proper library return bin.
8. Parents will be responsible to pay the replacement cost of any book checked out by their child that is lost, stolen, or returned in damaged condition.

Our library is staffed with volunteers who love to encourage your child to read. Please help us by reviewing and being aware of what your child is checking out from the library and reading.

Please complete, sign and return the bottom portion of this page to give your child permission to check out materials from our library.

Thank you,

Mrs. Cooper, Library Assistant

tcooper@rhpcs.org

-----Cut here-----

Library Materials Checkout Agreement/Permission Slip

In exchange for the privilege of borrowing books from the RHPCS School Library, we promise:

1. To take excellent care of them
2. To return them to the library on time
3. To pay for any damaged or lost books that are checked out to my child.

Student name _____

Grade Level _____

Parent/Guardian Name _____

Parent Signature

Date

Student Signature



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2018-2019

RHPCS Library “Young Adult” Materials Checkout Permission Slip (Complete for Grades 6-8)

Dear Parent/Guardian,

Rolling Hills Public Charter School strives to include a wide variety of high quality books in our school library. As such, we have a section in the library for “Young Adult” (YA) books. The YA section contains books that are “rated” for middle school grades. Some of these books may contain content that is inappropriate for our elementary grade students and that some parents may also deem unsuitable for their middle school aged child. Some examples of books in the YA section include: *The Hunger Games Series by Collins*, *Eragon* by Paolini, and the *Twilight* series by Meyer.

The Young Adult Reader’s Permission Slip is below. By signing and returning this permission slip, you are authorizing your student to select books from the YA section. Without the signed permission slip on file your child is free to select from the rest of the library but NOT the YA section.

If at any time you would like to revoke this permission slip, send me an email and I will take of it. Please let me know if you have any questions or concerns.

Mrs. Cooper, Library Assistant

tcooper@rhpcs.org

-----Cut here-----

Young Adult Materials Checkout Permission Slip

Student’s Name: (please print) _____ Grade _____

Homeroom teacher _____

_____ **Yes** - I, (please print parent name) _____, the parent/guardian of the above named student, authorize him/her to check books out from the Young Adult (YA) section of the library of RHPCS.

_____ **No** – I do not want my child to select/checkout books from the Young Adult section of the school library.

Parent/Guardian Signature

Date



Rolling Hills Public Charter School

2018-2019 Handbook Agreement Form

Please complete one form for *EACH* student enrolled at RHPCS

**Complete and return to RHPCS
(1 form per student)**

I have read the **2018-2019 Rolling Hills Public Charter School Handbook**. (The document has been e-mailed to parents, is available on the school website www.rhpcs.org, or hard copy is available at the school office.)

We, the undersigned agree to uphold the rules and regulations stated herein.

Printed Student Name

Student's Grade

Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

**Parent/Guardian, please initial below indicating specific acknowledgement
for each of the following item:**

Specifically, I have carefully read and understand the following specific handbook sections: (Parent/Guardian to initial each item below)

Parent/Guardian Initials _____
Attendance Expectations & Policy (Pgs 6-8)

Parent/Guardian Initials _____
Computer/Internet/Network Use (pg 12)

Parent/Guardian Initials _____
Unpaid Meal Charges Policy (Pgs 18-19)

Parent/Guardian Initials _____
Section 504 (Pgs 24-25)

Parent/Guardian Initials _____
FERPA (Pg 25)



Rolling Hills Public Charter School
Military Connection Information Form
 Please complete one form for *EACH* student enrolled at RHPCS

Military Connection



In order to comply with Idaho State Department of Education requirements, Rolling Hills Public Charter School needs to know if each of our students is, or is not, a dependent of at least one Active Duty member (parent or guardian) of the United States Armed Forces military services. This information will be included in student demographic reporting required by local, state and/or federal government entities.

 Student Name

 Grade

Please provide the needed information related to your student by marking the appropriate box below.
Note: If there is more than one Active Duty member, please provide the information for only one.

Check Here
 (Mark Only 1 box)

<input type="checkbox"/>	Active Duty (A)	<i>Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard.</i>
<input type="checkbox"/>	National Guard Or Reserve (R)	<i>Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).</i>
<input type="checkbox"/>	Unable to provide (X)	<i>It is unknown whether or not the student is military-connected or parent declines to provide information.</i>
<input type="checkbox"/>	No Military Connection (N)	<i>Student does not have a parent/guardian in active military service.</i>

 Parent/Guardian Signature

 Date



RHPCS celebrates Veterans Day each year with an assembly. Family and community members are invited to attend this assembly and be recognized and honored for their service. Watch for the exact date and time of this year's assembly to be announced.



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Statewide 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.

<u>Student Name:</u>		<u>Date:</u>	
<u>Birthdate:</u>		<u>Gender:</u>	Male Female
<u>School:</u>		<u>Grade:</u>	

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? Mother Father Guardian

Other (specify) _____

8. Is there any additional information you would like the school to know about your child? _____



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Student Residency Questionnaire

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School _____ Best Phone _____

Student Age _____ Student Grade _____ Student Birthdate _____

Address _____ City _____

Zip Code _____ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- _____ House or apartment with parent or guardian
- _____ Motel, car, or campsite
- _____ Shelter or other temporary housing
- _____ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- _____ Loss of housing
- _____ Economic situation
- _____ Temporarily waiting for house or apartment
- _____ Provide care for a family member
- _____ Living with boyfriend/girlfriend
- _____ Loss of employment
- _____ Parent/Guardian is deployed
- _____ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to Rolling Hills' McKinney-Vento Liaison, Jaime Hickman at 208-939-5400 or the State Coordinator at 208-332-6904.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date



Rolling Hills Public Charter School 2018-2019 Carpool Interest Form

Complete one form per family, if interested.

Are you interested in saving gas and/or time this school year? Are you available to help out a family that needs assistance getting their child/children to and/or from school? If so, fill out the form below and we will include you on the list intended to assist in matching people that are interested in carpooling.

Completed forms returned with student registration documents or submitted by 8/24/18 will be included in the compiled list. The compiled information, in Excel spreadsheet format, will be available by 8/31/18. A copy of the information will be emailed to families that submitted the Carpool Interest Form. A hardcopy can also be picked up at the school office.

Parent/Guardian Name(s): _____

Physical Address: _____
Street address City/State ZIP

Best Phone: _____ Alternate Ph# _____

Best Email(s): _____

Nearest major cross streets: _____

Name of Subdivision (if applicable): _____

How many seats do you have available for other children? _____

List your children who will be included in the carpool:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Please be aware that RHPCS will not arrange carpools but will only compile and make the list available to interested families within the school.

By signing below, you authorize RHPCS to make the above information available to other families at the school.

Signature

Date