

Bliss School District #234

Home of the Bliss Bears

P.O. Box 115 • Bliss, ID 83314 • P: 208-352-4445 • F: 208-352-1954

Kevin Lancaster *Superintendent* Michele Elliott *District Clerk* Julie Gough *Secretary*

2020-2021 Student Profile

Date: _____ Student Name: _____ Gender: _____ Grade: _____
Fecha Nombre del estudiante Género Grado

Residence Address: _____
Dirección de Residencia: Street, Apt/Suite (Calle) City (Ciudad) State (Estado) Zip (Código Postal)

Mailing Address: _____
Dirección de Envoi: Street, Apt/Suite (Calle) City (Ciudad) State (Estado) Zip (Código Postal)

Primary Email: _____ Date of Birth: _____
Correo Electrónico Principal: Fecha de Nacimiento:

Father/Guardian: _____ Primary Phone: _____
Padre/Guardián: Last (Apellido) First (Primer Nombre) Teléfono Principal:

Father Employer: _____ Primary Cell Phone: _____
Empleador del Padre Company (Empresa) Teléfono celular primario:

Mother/Guardian: _____ Primary Phone: _____
Madre/Guardián: Last (Apellido) First (Primer Nombre) Teléfono Principal:

Mother Employer: _____ Primary Cell Phone: _____
Empleador del Madre Company (Empresa) Teléfono celular primario:

Guardianship/Custody: _____ Is Student Living Under Special Living Arrangements? _____
Tutela / Custodia ¿Está el estudiante viviendo bajo arreglos especiales de vida?

If there any concerns with living arrangements or guardianship please let the office staff know and provide legal documentation as needed. (Si hay alguna preocupación con los arreglos de vivienda o la tutela por favor deje que el personal de la oficina sabe y proporcionar documentación legal según sea necesario.)

Emergency Contacts (*Contactos de Emergencia*)

In an EMERGENCY situation when we cannot reach you at home or at work, please list two people who have agreed to take responsibility for your child and consent to the release of their phone number so we may reach them.
(En una situación de EMERGENCIA cuando no podemos comunicarnos con usted en casa o en el trabajo, por favor, escriba dos personas que han aceptado asumir la responsabilidad de su hijo y que consienten que se les dé su número de teléfono para que podamos llegar a ellos.)

Contact #1: _____ Relationship: _____ Phone: _____
Last (Apellido) First (Primer Nombre) Relación: Teléfono:

Contact #2: _____ Relationship: _____ Phone: _____
Last (Apellido) First (Primer Nombre) Relación: Teléfono:

SIBLING INFORMATION (INFORMACIÓN DEL HERMANO)

Please list any siblings of this student who are also attending Bliss Schools:
(Por favor, anote a todos los hermanos de este estudiante que también están asistiendo a Bliss Schools:

Nombre (Apellido, Nombre) Grade (Grado) Nombre (Apellido, Nombre) Grade (Grado)

Nombre (Apellido, Nombre) Grade (Grado) Nombre (Apellido, Nombre) Grade (Grado)

Student Race and Ethnicity

Each year, school districts in Idaho are required to report student race and ethnicity data to the Idaho State Department of Education by categories that are set by the Federal government. This data is used to ensure all students receive the educational programs and services to which they are entitled. This information will *not* be reported to any federal agency in a way that identifies the student. No one will check for immigration status from the information given here. **Please note – if you choose not to provide this information, a designated school staff person(s) will observe and select racial and ethnic categories on the student’s behalf as required by the Federal government for reporting.**

Ethnicity: Is the student Hispanic or Latino?

- NO, not Hispanic/Latino
- YES, Hispanic/Latino *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)*

Race: *The above question is about cultural or ethnic identity, not race. No matter what was selected above, please continue to answer the following by marking one or more boxes to indicate what you consider the student’s race to be.*

What is the student’s race? (The above question is about cultural or ethnic identity, not race. Please mark all that apply.)

- American Indian or Alaskan Native** *(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.)*
- Asian** *(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands.)*
- Black or African American** *(A person having origins in any of the black racial groups of Africa.)*
- Native Hawaiian or Other Pacific Islander** *(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)*
- White** *(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)*

Raza estudiantil y origen étnico

Cada año, los distritos escolares en Idaho están obligados a reportar los datos de raza y etnia de los estudiantes al Departamento de Educación del Estado de Idaho por categorías establecidas por el gobierno federal. Estos datos se utilizan para asegurar que todos los estudiantes reciban los programas y servicios educativos a los que tienen derecho. Esta información no será reportada a ninguna agencia federal de una manera que identifique al estudiante. Nadie verificará el estatus de inmigración de la información dada aquí. **Tenga en cuenta que si elige no proporcionar esta información, una persona designada para el personal de la escuela observará y seleccionará categorías raciales y étnicas en nombre del estudiante según lo requiera el gobierno federal para la presentación de informes.**

Etnicidad: ¿Es el estudiante hispano o latino?

- NO, no hispano / latino
- Sí, hispano/latino *(Una persona de origen cubano, mexicano, puertorriqueño, sudamericano o centroamericano, u otra cultura u origen español, independientemente de su raza).*

¿Cuál es la carrera del estudiante? (La pregunta anterior se refiere a la identidad cultural o étnica, no a la raza. Marque todas las que apliquen.)

- Indio Americano o Nativo de Alaska** *(Una persona que tiene orígenes en cualquiera de los pueblos originales de América del Norte y del Sur (incluida Centroamérica) y que mantiene una afiliación tribal o un vínculo con la comunidad.)*
- Asiático** *(Una persona que tiene orígenes en cualquiera de los pueblos originales del Lejano Oriente, el sudeste de Asia o el subcontinente indio, incluyendo, por ejemplo, Camboya, China, India, Japón, Corea, Malasia, Pakistán, Filipinas).*
- Negro o afroamericano** *(Una persona que tiene orígenes en cualquiera de los grupos raciales negros de África.)*
- Nativo de Hawai u otra isla del Pacífico** *(Una persona que tiene orígenes en cualquiera de los pueblos originales de Hawai, Guam, Samoa u otras islas del Pacífico).*
- Blanco** *(Una persona que tiene orígenes en cualquiera de los pueblos originales de Europa, Oriente Medio o África del Norte.)*

Medical Information (Información Médica)

Doctor: _____ Phone: _____ Dentist (Dentista): _____ Phone: _____

Allergies/Medical Considerations: *(Please note any medical problems, allergies, or other known information about the above named child which would assist the school personnel and/or medical attendant.)*

(Alergias/Consideraciones Médicas): *(Tenga en cuenta cualquier problema médico, alergias u otra información conocida sobre el niño mencionado anteriormente que ayude al personal de la escuela y / o al asistente médico).* _____

Educational Services

- 1. Has your child ever received special education services? Yes No When? _____ Where? _____
- 2. Does your child have a 504 Plan? Yes No
If you answered "yes" to any of the above questions, please check all services that your child has received:
 - Special Education/Resource Room Services
 - Physical Therapy
 - Speech/Articulation Therapy
 - Education of the Hearing Impaired
 - Language Therapy
 - Counseling Services
 - Occupational Therapy
 - Other: _____
- 3. Has your child ever received Title I services? Yes No
- 4. Has your child ever received Gifted/Talented services? Yes No
- 5. Has your child ever received ESL services? Yes No

Medical Release

In case of illness or accident the school will make every effort to contact the student’s parents or any emergency contact listed above. However, if no one can be contacted or found by reasonable diligence at the time of the needed medical treatment, the school will use their best judgment, and if they think best, call for emergency medical assistance. If determined necessary, the staff and Bliss EMT’s will determine if your child needs to be sent to your doctor or emergency room at parental/guardian’s expense. As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child, due to accident or other mishap requiring medical attention. I give consent to release medical information to Bliss School District #234 personnel and medical personnel to promote the health and safety of my child, thus enhancing his/her ability to learn.

- I consent to the above statements.
- I do not consent to the above statements.

High School Student’s Only

Family Educational Rights and Privacy Act (FERPA)

By signing below, I “opt out” of the school providing the directory information on my High School student to third parties, i.e., Armed Forces, colleges, universities. *(Directory information consists of name, address, and phone number.)*

- I consent to the above statements.
- I do not consent to the above statements.

Yearbook, Newsletter & Website Photo Release Form

I consent and agree that Bliss School District #234 has the right to take photographs or digital recordings of my student during the school year for yearbook, newsletter, and website use. I further consent that their name may be listed as descriptive text or commentary. I understand that there will be no financial or other payment for the use of their image.

- I consent to the above statements.
- I do not consent to the above statements.

Student/Parent Handbook Notification

Bliss School District has a handbook that applies to your student upon enrollment. All students will review the handbook in the classroom at the beginning of the school year. A copy of this handbook is available in the school office or online at www.bliss234.org. Please take the time to read the handbook thoroughly and completely.

- Student/Guardians consent to abide by Bliss School District #234 policies.

Parent/Guardian Signature: _____ **Date:** _____

The above signature acknowledges that I have read and have marked all of my choices to all of the above statements.

FOR OFFICE USE: Birth Certificate on File: _____ YES _____ NO

Immunizations Records on File: All requirements met _____ More doses due _____ Needs follow-up _____

Medical Exemption* _____ Personal Exemption* _____ Religious Exemption* _____ *(*Form Required to be filed with the school.)*

Servicios Educativos

1. ¿Su hijo alguna vez recibió servicios de educación especial? Sí No ¿Cuándo? _____ ¿Dónde? _____
 2. ¿Tiene su hijo un Plan 504? Sí No
- Si respondió "sí" a cualquiera de las preguntas anteriores, compruebe todos los servicios que su hijo ha recibido:*
- | | |
|---|--|
| <input type="checkbox"/> Servicios de Cuarto de Educación Especial / Recursos | <input type="checkbox"/> Terapia Física |
| <input type="checkbox"/> Terapia del Habla / Articulación | <input type="checkbox"/> Educación de los discapacitados auditivos |
| <input type="checkbox"/> Terapia del lenguaje | <input type="checkbox"/> Servicios de Consejería |
| <input type="checkbox"/> Terapia Ocupacional | <input type="checkbox"/> Otros: |
3. ¿Su hijo alguna vez recibió servicios de Título I? Sí No
 4. ¿Alguna vez su hijo ha recibido servicios de Dotados / Talentosos? Sí No
 5. ¿Su hijo alguna vez recibió servicios de ESL? Sí No

Liberación Médica

En caso de enfermedad o accidente, la escuela hará todo lo posible para ponerse en contacto con los padres del estudiante o con cualquier contacto de emergencia mencionado arriba. Sin embargo, si nadie puede ser contactado o encontrado por diligencia razonable en el momento del tratamiento médico necesario, la escuela usará su mejor juicio y, si lo considera mejor, llame a asistencia médica de emergencia.

Si se determina necesario, el personal y los EMT de Bliss determinarán si su hijo necesita ser enviado a su médico o a la sala de emergencias a expensas del padre o tutor. Como padre / tutor, autorizo al personal médico a prestar el tratamiento médico necesario a mi hijo, debido a un accidente u otro accidente que requiera atención médica. Doy consentimiento para divulgar información médica al personal y al personal médico del Distrito Escolar # 234 de Bliss para promover la salud y seguridad de mi hijo, mejorando así su habilidad para aprender.

Acepto las declaraciones anteriores.

No consiento las declaraciones anteriores.

** Solo para estudiantes de secundaria **

Ley de Privacidad y Derechos Educativos de la Familia (FERPA)

Al firmar abajo, yo "opt out" de la escuela que proporciona la información de directorio de mi estudiante de High School a terceros, es decir, Fuerzas Armadas, universidades. (La información del directorio consta de nombre, dirección y número de teléfono.)

Acepto las declaraciones anteriores.

No consiento las declaraciones anteriores.

Anuario, Boletín y Formulario de Liberación de Fotos

Yo consiento y acepto que el Distrito Escolar Bliss # 234 tiene el derecho de tomar fotografías o grabaciones digitales de mi estudiante durante el año escolar para el anuario, el boletín y el uso del sitio web. También consiento que su nombre pueda ser listado como texto descriptivo o comentario. Entiendo que no habrá ningún pago financiero o de otro tipo por el uso de su imagen.

Acepto las declaraciones anteriores.

No consiento las declaraciones anteriores.

Notificación del Manual del Estudiante / Padres

El Distrito Escolar Bliss tiene un manual que se aplica a su estudiante al inscribirse. Todos los estudiantes revisarán el manual en el aula al comienzo del año escolar. Una copia de este manual está disponible en la oficina de la escuela o en línea en www.bliss234.org. Por favor tome el tiempo para leer el manual completamente y completamente.

Los Estudiantes / Guardianes consienten en cumplir con las políticas del Distrito Escolar # 234 de Bliss.

Firma del Padre / Tutor: _____ Fecha: _____

La firma anterior reconoce que he leído y he marcado todas mis opciones a todas las declaraciones anteriores.

Student Residency Survey

Student Name: _____ Date: _____
Last First Middle

Gender: M ____ F ____ Grade: _____ Date of Birth: _____

Bliss School District uses this page to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11432. Answers to this residency information help determine the services the student may be eligible to receive.

Section 1

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No
3. Are you an unaccompanied minor child? ____ Yes ____ No

If you answered YES to the above questions, please complete the remainder of this form.

If you answered NO, you may stop here.

Section 2

1. Presently, where is the student living? *(Circle the appropriate letter.)*
 - A. In a shelter, transitional housing, or awaiting foster care
 - B. With more than one family in a house or an apartment due to loss of housing or economic hardship
 - C. In a temporary trailer, campground, car, or park
 - D. In a hotel or motel
 - E. Choices above do not apply

Section 3

1. The student lives with: *(Circle the appropriate letter.)*
 - A. 1 parent
 - B. 2 parents
 - C. 1 parent & another adult
 - D. A relative, friend(s) or other adult(s)
 - E. Alone with no adults
 - F. An adult that is not the parent or the legal guardian

Parent/Guardian's Signature: _____

Date: _____

Cuestionario de Residencia para Estudiantes

Nombre del Estudiante: _____ Fecha: _____
Apellido *Primer Nombre* *Segundo Nombre*

Sexo: M ____ F ____ Grado: _____ Fecha de Nacimiento: _____

El propósito de este cuestionario es presentar los objetivos del Acta McKinney-Vento (42 U.S.C.11434a(2)). Las respuestas a estas preguntas ayudarán a determinar los servicios que el estudiante debe recibir.

Section 1

1. ¿Es su domicilio actual temporal (de poca duración)? _____ Sí _____ No
2. ¿Es esta situación de vivienda temporal debido a la pérdida de su vivienda, o a su situación económica (*ejemplo*: desempleo)? _____ Sí _____ No
3. ¿Eres un /a menor que vive sin su familia? _____ Sí _____ No

Si contestó **SI** a estas preguntas, por favor complete el resto de este formulario.

Si contestó **NO** a estas preguntas, no siga.

Section 2

1. ¿Dónde vive el/la estudiante actualmente? (*Marque una opción.*)
 - A. En un albergue o lugar de refugio
 - B. Con más de una familia en una casa o apartamento
 - C. En un lugar no designado para dormir (*ejemplo*: carro, parque, o campamento)
 - D. En un motel

Section 3

2. El estudiante vive con: (*Marque una opción.*)
 - A. 1 padre
 - B. 2 padres
 - C. 1 padre y otro adulto
 - D. Un pariente, amigo(s) u otro adulto(s)
 - E. A solas con ningún adulto
 - F. Un adulto que no es el padre o el tutor legal

Firma del Padre/Tutor: _____ Fecha: _____

Idaho Migrant Education Program Eligibility Survey

Dear Parents/Legal Guardians:

The Idaho State Office of the Superintendent of Public Instruction funds programs designed to help children 3 to 21 years of age, who have moved on their own or with a parent, within the past three years to seek or obtain temporary or seasonal work as a principal means of livelihood in activities related to **agriculture, forestry, dairy, poultry, packing/warehouses, commercial fishing and shellfish**. We would appreciate your cooperation in answering the following questions.

1. Have you or your family moved recently or within the past three years?

Yes_____ No_____

If “No”, STOP and sign at the bottom of the page.

If “Yes”, please continue on and answer the questions below.

If you or your children have moved to seek or obtain temporary or seasonal work as a **principal means of livelihood** you or your children may qualify to receive the following services:

- Transfer of Educational and Health Information (Nationwide)
- Educational Services
- Health Services

2. Was the purpose of the move to work as a **principal means of livelihood** in any activities listed above or related activities?

Yes_____ No_____

3. If yes, may we contact you for further information?

Yes_____ No_____

If you marked “Yes,” please fill out the information below and return this form to the Federal Programs Coordinator:

NAME (Parent or Legal Guardian): _____ PHONE: _____

STUDENT(S) NAME: _____

MAILING ADDRESS: _____

Parent/Guardian’s Signature: _____ Date: _____

Educacion Migrante Estado De Idaho

Cuestionario De Elegibilidad

Estimados Padres/Guardianes:

La oficina del Superintendente de Instrucción Pública del Estado de Idaho suministra fondos para programas diseñados para ayudar a niños entre las edades de 3-21 cuyos padres se han mudado dentro de los últimos tres años para buscar trabajo temporal o estacional en actividades relacionadas con la **agricultura, forestal, lecherías, ganaderías, granjas, de aves, bodegas (empacadoras), pesca comercial y mariscos.** Apreciamos su cooperación en contestar las siguientes preguntas:

1. ¿ Se ha movido usted o su familia recientemente durante los tres últimos años? Sí ____ No ____

Si usted o sus hijos se han movieron con ustedes para buscar o para obtener trabajo temporal o estacional, usted o sus hijos pueden calificar para recibir los siguientes servicios:

- Transferencias de Información Educacional y de Salud (nacionalmente)
- Servicios Educativos
- Servicios de salud

Si "No", parar y firmar en la parte abajo de la página. Si "Sí", por favor continúe y contestar las siguientes preguntas.

2. ¿ Fue el propósito de la mudanza para trabajar en las actividades mencionadas arriba o otras actividades relacionadas? Sí ____ No ____
3. ¿ Si su respuesta fue "Sí" podemos poner nos en contacto con usted para recibir más información?
Sí ____ No ____

Por favor escriba su nombre, domicilio, número de teléfono y envíe esta forma al Coordinador de Programas Federales.

NOMBRE (Padre/Guardián) _____ TELEFONO: _____

DOMICILIO (Caja de Correos o Número y Calle) _____

NOMBRE DEL ESTUDIANTE: _____

FIRMA DEL PADRE/TUTOR: _____ Fecha: _____

Terms and Conditions for Network and Internet Use

Bliss School District provides computer systems and networks accessible to all of its staff and eligible students as part of its overall goal of improving education. Responsible use of the computers and the network will enhance both educational and administrative activities. The system administrators of the computer network service are employees of this district and reserve the right to monitor all activity on the computer network service. On acceptance for usage of the computer network service, students and staff will be given a user ID and password.

This document is provided so that students and the parents of students who are under 18 years of age are aware of the privileges and responsibilities that are associated with using school district technology. The Administration may modify these rules at any time by publishing the modified rules and distributing to all users.

The signatures at the end of this document are legally binding and indicate that the parties who signed have read the Terms and Conditions of this agreement carefully and understand their significance.

Network Warning

With access to computers and people all over the world, also comes the availability of material that may not be considered to be of educational value in the context of the school setting. The Bliss School Board views information retrieval from the network in the same capacity as information retrieval from references materials identified by schools. Specifically, the district supports those activities that will enhance the research and inquire of the learner with directed guidance from faculty and staff. However, on a global network, it is impossible to control all materials and an industrious user may discover inappropriate information. At school, each student's access to and use of the network will be under the teacher's direction and monitored as a regular instructional activity. The district, however, cannot prevent the possibility that some users may access material that is not consistent with the educational mission, goals, and policies of Bliss School District. This District will strive to provide students with the understanding and skills need to use computer network services in an appropriate manner.

General Policy and Guidelines

It is a general policy that Bliss School network facilities are to be used in a responsible, efficient, ethical, and legal manner in accordance with the mission of Bliss School District. Users must acknowledge their understanding of the general policy and guidelines as a condition of receiving a log on ID.

Failure to adhere to the policy and guidelines may result in suspending or revoking the offender's privilege of access.

1. Acceptable uses of the network are activities which support learning and teaching. Network users are encouraged to develop uses which meet their individual needs and which take advantage of the network's functions.
2. Unacceptable uses of the network include:
 - a. Computer games which are not assigned course work.
 - b. Downloading or listening or music which is not assigned course work.
 - c. Accessing and participating in chat rooms or blogging.
 - d. Development or transmitting of chain letters.
 - e. Sexual harassment or other forms of harassment aimed at others or otherwise threatening others.
 - f. Sharing one's own computer account with others or using another person's account.
 - g. Entering or transmitting computer viruses or any form of intentionally destructive programs. Do not upload files unless prior permission has been obtained. Deliberate attempts to degrade or disrupt system performance will be referred to Administration for disciplinary action and may be viewed as criminal activity under applicable state and federal law.
 - h. Intentional disruption of network services.
 - i. Connecting any device to the network without permission.
 - j. Copying, modifying, replacing, or deleting any other user's account or nay software used for system management.
 - k. Harming School District equipment.
 - l. Violating the conditions of the Education Code dealing with students' rights to privacy.
 - m. Using profanity, obscenity, or other language which may be offensive to another user.
 - n. Transmitting or being party to the transmission or receiving pornographic materials.

- o. Reposting personal communications without the authors' prior consent.
 - p. Copying commercial software in violation of copyright law or there copyright protected material
 - q. Using the network for financial gain or for any commercial or illegal activity.
3. Users must be aware of the finite capacity of the network and must cooperate with the network management to conserve resources and assure equitable access for all. Users are expected to observe the following:
 - a. Limit on-line time to valid educational/administrative activities.
 - b. **Do not download from the internet** – unless prior permission is obtained from Administrator.
 - c. Delete e-mail files in a timely manner (instructors only).
 4. **Students will NOT be allowed to access email accounts** on school computers. Juniors and seniors will be allowed to utilize a computer in the Counselor's Office when corresponding with colleges or scholarship officials. Teachers are allowed to utilize the email account provided by the District.
 5. No disks – floppy, jazz, zip, or CD will be allowed to be brought from home and used on school computers. The risk of introducing a virus to the school network system is too great when outside disks are utilized.
 6. Each student and faculty member has a folder on the network in which to save their work. The system administrators reserve the right to set quotas for disk usage on the network system. Users exceeding their quota will be required to delete files to return to compliance. A user who remains in non-compliance of disk space quotas after several days of notification will have their files removed by the system administrator.
 7. All users will sign and abide by the provisions of the appropriate consent form. (Student/Parent or Guardian/Educator)

The Administrator reserves the right, at their sole discretion, to suspend or terminate a student's access to and use of the Network upon any breach of the Terms and Conditions of this agreement by the student.

Bliss Acceptable Computer Network Use Policy

(Please read the attached policy carefully before signing)

Student Name/Grade: _____ (please print) has requested access to the Bliss School District computer network. This access includes connect to computers through the Internet, which would connect your child with educational resources all over the world.

Please read the Bliss Acceptable Use Policy with your child. In accepting an account, your child accepts the responsibility of using the network in an appropriate manner. It is important that your child understand his/her responsibilities as well. Your signature, along with your student's signifies that you have read and agreed to our Acceptable Use Policy and is necessary before an account will be issued.

Parent/Guardian Signature

Student's Signature

Date

Please be aware:

The School District provides the students and staff access to other computer systems around the world through the Internet. This district and its administrators do not have control of the content of information that may be found in other computer systems. Some computer systems may contain defamatory, inaccurate, abrasive, obscene, profane sexually oriented, threatening, racially offensive, or illegal materials. This district does not condone the use of such materials and does not knowingly permit usage of such material in the school environment. Parents of students should be aware that such materials exist. Students bringing such materials into the school environment will be dealt with according to the discipline policies of the individual school building and this district. Intentionally accessing or using such materials may result in termination of access to this district's computer network servicing capacities, as well as, in-school suspension or school expulsion; or disciplinary actions to Bliss School District Staff, including termination.

Bliss School District #234

Home of the Bliss Bears

P.O. Box 115 • Bliss, ID 83314 • P: 208-352-4445 • F: 208-352-1954

Kevin Lancaster *Superintendent* Michele Elliott *District Clerk* Mindy Comstock *Secretary*

ANNUAL NOTICE OF RIGHTS TO REQUEST TEACHER QUALIFICATIONS

Our school receives federal funds that are part of the *No Child Left Behind Act of 2001*. Due to this, you have the right to request information regarding your child's classroom teacher's professional qualifications. If you request information, the district or school will provide the following information as soon as possible:

- If the teacher has met state licensing requirements for the grade level and subject they are teaching.
- If state licensing requirements have been waived for the teacher temporarily.
- The type of college degree major of the teacher and the field of discipline for any graduate degree or certificate.
- If your child is receiving services in a federal program from a paraprofessional and, if so there qualifications.

If you would like to make such as request, please contact your child's school.

Thank you for your interest and involvement in your child's education.

HOMELESS CHILDREN

The *McKinney-Vento Act* defines children and youth who are homeless (twenty-one years of age and younger) as:

- Children and youth who lack a fixed, regular, and adequate nighttime residence, and includes children and youth who are:
 - sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as double-up);
 - living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations;
 - living emergency or transitional shelters;
 - abandoned in hospitals; or
 - awaiting foster care placement.
- Children and youth who have a primary nighttime residence that is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- Migratory children who qualify as homeless because they are living in circumstances described above.

If you are personally aware of or are acquainted with any children who may qualify according to the above criteria, the Bliss School District provides the following assurances to parents of homeless children:

- The local district staff person (liaison) for homeless children is Tracy Dalin, Federal Program Director, 208-352-4445(phone) and tracy.dalin@bliss234.org (email).
- There shall be immediate enrollment and school participation, even if educational and medical records and proof of residency are not available.
- All educational opportunities and related opportunities for homeless students (preschool to age 21), including unaccompanied youth, shall be the same as for the general student population.
- Enrollment and transportation rights, including transportation to the school of origin. "School of origin" is defined as the school the child or youth attended when permanently housed or the school in which the child or youth was last enrolled.
- Written explanation of a child or youth's school placement, other than school of origin or the school requested by the parent, with the right to appeal within the local dispute resolution process.
- Meaningful opportunities for parents to participate in the education of their children. These shall include: special notices of events, parent-teacher conferences, newsletters, and access to student records.

Please contact, Tracy Dalin, homeless liaison for the Bliss School District #234 for additional information about homeless issues. She can be reached at 208-352-4445.

ANNUAL NOTICE OF STUDENT EDUCATION RECORD PRIVACY (FERPA)

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions:
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;
 - Specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student;
 - Organizations conducting certain studies for or on behalf of the school;
 - Accrediting organizations;
 - To comply with a judicial order or lawfully issued subpoena;
 - Appropriate officials in cases of health and safety emergencies; and
 - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Directory Information

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, participation in school activities, photograph, weight and height of athletic team members and dates of attendance. The information is routinely disclosed for the purposes of graduation programs, newspaper articles, and other program related activities. If you do not wish to have this information disclosed, please talk with your student's principal and request in writing that the information not be disclosed to third parties.

If you wish to file a complaint with the U.S. Department of Education concerning alleged failures of the district to comply with this policy, contact: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington, DC 20202-5901

ANNUAL NOTICE TO PARENTS ON PROTECTION OF PUPIL RIGHTS AMENDMENT (PPRA)

Student and Family Privacy Rights: Surveys – General

All surveys requesting personal information from students, as well as any other instrument used to collect personal information from students must advance or relate to the District's educational objectives as identified in Board Policy. This applies to all surveys, regardless of whether the student answering the questions can be identified and regardless of who created the survey.

Surveys Created by a Third Party

Before the District administers or distributes a survey created by a third party to a student, the student's parent(s)/guardian(s) may inspect the survey upon request and within a reasonable time of their request.

This section applies to every survey: (1) that is created by a person or entity other than a District official, staff member, or student, (2) regardless of whether the student answering the questions can be identified, and (3) regardless of the subject matter of the questions.

Surveys Requesting Personal Information

School officials and staff members shall not request, nor disclose, the identity of any student who completes ANY survey containing one (1) or more of the following items:

1. Political affiliations or beliefs of the student or the student's parent/guardian;
2. Mental or psychological problems of the student or the student's family;
3. Behavior or attitudes about sex;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of other individuals with whom students have close family relationships;
6. Legally recognized privileged or analogous relationships, such as those with lawyers, physicians, and ministers;
7. Religious practices, affiliations, or beliefs of the student or student's parent/guardian.
8. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

The student's parent(s)/guardian(s) may:

1. Inspect the survey within a reasonable time of the request, and/or
2. Refuse to allow their child to participate in any survey requesting personal information.

The school shall not penalize any student whose parent(s)/guardian(s) exercise this option.

Instructional Material

A student's parent(s)/guardian(s) may, within a reasonable time of the request, inspect any instructional material used as part of their child's educational curriculum. The term "instructional material," for purposes of this policy, means instructional content that is provided to a student, regardless of its format, printed or representational materials, audio-visual materials, and materials in electronic or digital formats (such as materials accessible through the Internet). The term does not include academic tests or academic assessments.

Collection of Personal Information from Students for Marketing Prohibited

The term "personal information," for purposes of this section only, means individually identifiable information including: (1) a student's or parent's first and last name, (2) a home or other physical address (including street name and the name of the city or town), (4) telephone number, or (5) a Social Security identification number.

The District will not collect, disclose, or use student personal information for the purpose of marketing or selling that information or otherwise providing that information to others for that purpose.

The District, however, is not prohibited from collecting, disclosing, or using personal information collected from students for the exclusive purpose of developing, evaluating, or providing educational products or services for, or to, students or educational institutions such as the following:

1. College or other post-secondary education recruitment or military recruitment;
2. Book clubs, magazines, and programs providing access to low-cost literary products;
3. Curriculum and instructional materials used by elementary schools and secondary schools;
4. Tests and assessments to provide cognitive, evaluative, diagnostic, clinical, aptitude, or achievement information about students (or to generate other statistically useful data for the purpose of securing such tests and assessments) and the subsequent analysis and public release of the aggregate data from such tests and assessments;
5. The sale by students of products or services to raise funds for school-related or education related activities;
6. Student recognition programs.

Notification of Rights and Procedures

The Superintendent or designee shall notify students' parents/guardians of:

1. This policy as well as its availability from the administration office upon request;
2. How to opt their child out of participation in activities as provided in this policy;
3. The approximate dates during the school year when a survey requesting personal information, as described above, is scheduled or expected to be scheduled;
4. How to request access to any survey or other material described in this policy.

This notification shall be given parents/guardians at least annually at the beginning of the school year and within a reasonable period after any substantive change in this policy.

The rights provided to parents/guardians in this policy transfer to the student, when the student turn 18 years of age or is an emancipated minor.

If you wish to file a complaint with the U.S. Department of Education concerning alleged failures of the district to comply with this policy, contact: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington, DC 20202-5901