



# CALDWELL HIGH SCHOOL

3401 SOUTH INDIANA • CALDWELL, IDAHO 83605

MR. MIKE FARRIS, PRINCIPAL

MR. SCOTT THOMAS, ATHLETIC DIRECTOR

IF YOU ARE NEW TO CALDWELL SCHOOL DISTRICT WE MUST HAVE THE FOLLOWING TO REGISTER YOUR STUDENT:

- **A COPY OF YOUR STUDENT'S BIRTH CERTIFICATE**
- **CURRENT IMMUNIZATION RECORDS**
- **PROOF OF CALDWELL SCHOOL DISTRICT RESIDENCY (recent utility bill)**
- **TRANSCRIPT FROM PREVIOUS SCHOOL (10<sup>th</sup> grade & above)**

*Thank you for your help in expediting the registration process.  
Your assistance is greatly appreciated.*

*Michele Spath  
Caldwell High School - Registrar*



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MR. MIKE FARRIS, PRINCIPAL

MR. SCOTT THOMAS, ATHLETIC DIRECTOR

Attn: \_\_\_\_\_ Fax # \_\_\_\_\_  
Registrar/Records Department of Previous School

The following student has enrolled in our school:

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Grade: \_\_\_\_\_

Please send the following information:

**Via fax 208-455-4458**

- Withdrawal grades ASAP
- Unofficial Transcript ASAP
- Immunizations ASAP
- Birth Certificate
- IEP

**Via U.S. Mail**

1. Cumulative File
  - Official transcript of Secondary Credits
  - Health Records
  - Absence Reports
  - Grading System/Scale
2. Special Education File
  - Documentation/IEP/504

99.31 Prior contents for disclosure not required. An educational agency or institution may disclose personally identifiable information from the education records of a student without the consent of the parent of the student or the eligible student if the disclosure is (1) to other school officials, including teachers, within the education institution or local educational agency who have been determined by the institution or agency to have legitimate education interests; (2) to official of another school or school system in which the student seeks or intends to enroll in.

Please mail the above information to:

Caldwell High School  
3401 South Indiana  
Caldwell, ID 83605

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Michele Spath, Registrar (ext. 115)

\_\_\_\_\_  
Dulce (Candy) Herrera, Counseling Sec.

(208) 455-3304 • (208) 455-3256 (FAX) • E-MAIL: [chs@caldwellschools.org](mailto:chs@caldwellschools.org)

MRS. MOSS STRONG, ASST. PRINCIPAL

MS. ANITA WILSON, ASST. PRINCIPAL

**CALDWELL HIGH SCHOOL ENROLLMENT FORM**

**Student Information**

Student # \_\_\_\_\_

Student: \_\_\_\_\_  
*Last First Middle*

Grade \_\_\_\_\_ Birth date: \_\_\_\_\_

Student Address: \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip Code*

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

Cell Phone: \_\_\_\_\_

Place of Birth \_\_\_\_\_  
*City State*

Ethnicity: \_\_\_Asian \_\_\_Black \_\_\_White \_\_\_Hispanic \_\_\_Am Indian Gender: \_\_\_Male \_\_\_Female

**New Students Only:** School student is transferring from: \_\_\_\_\_  
*(School Name and Address)*

Reason for transfer: \_\_\_\_\_

\* Has student previously attended Caldwell Schools? \_\_\_Yes \_\_\_No Grade/School: \_\_\_\_\_

\* Has student ever been enrolled in Special education or on an IEP? \_\_\_Yes \_\_\_No

\* Language preferred when receiving communication from school? \_\_\_\_\_

**PARENT INFORMATION: (Custody – provide document)**

\_\_\_ Both Parents      \_\_\_ Social Agency  
\_\_\_ Mother Only      \_\_\_ Joint Custody  
\_\_\_ Father Only      \_\_\_ Legal Guardian  
\_\_\_ Foster Family      \_\_\_ Self/Indep. Adult  
\_\_\_ Grandparent Only

**STUDENT LIVES WITH:**

\_\_\_ Both Parents      \_\_\_ Foster Parent(s)  
\_\_\_ Mother Only      \_\_\_ Guardian  
\_\_\_ Father Only      \_\_\_ Grandparents  
\_\_\_ Mother/Stepparent      \_\_\_ Other  
\_\_\_ Father/Stepparent      \_\_\_ Self

**GUARDIAN ALERT:** \_\_\_YES \_\_\_NO **MUST ATTACH COPY**

**Parent/Guardian Information**

1) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_ *zip* \_\_\_\_\_

2) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_ *zip* \_\_\_\_\_

Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
e-mail address \_\_\_\_\_

**Emergency Contact Information (other than parent/guardian) MUST PROVIDE PHONE**

*For emergencies a parent or guardian will be contacted. The individuals below have authorization to pick up my child and can be reached during school hours at the number listed.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Comments: \_\_\_\_\_

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

**FORMULARIO DE ALISTAMIENTO DE LA ESCUELA SECUNDARIA DE CALDWELL**

Estudiante: \_\_\_\_\_  
 Apellido                      Primer                      Nombre                      Hombre: \_\_\_\_                      Mujer: \_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_ Lugar de Nacimiento: \_\_\_\_\_  
 Grupo Étnico: \_\_\_\_ Asián \_\_\_\_ Negro \_\_\_\_ Hispano \_\_\_\_ Blanco

**Escuela de donde se traspaso el estudiante:** \_\_\_\_\_

¿Ha estado el estudiante registrado en Educación Especial o en un IEP?                      Si o No

¿Ha asistido el estudiante anteriormente en las Escuelas de Caldwell?                      Si o No

Grado/escuela: \_\_\_\_ / \_\_\_\_

**Información de Padre:** (Quien tiene Custodia del estudiante?)

- Los Dos Padres     Agencia Social
- Mama                       Padre
- Abuelos                       Adulto/Independiente

**Estudiante vive con:**

- Padrastra/Madrastra     Los Dos Padres
- Padre                       Madre
- Abuelos                       Solo
- Otro

**Información para:**

**Padre/padrastra/guardián/si mismo                      Madre/madrastra/tutor/si mismo**

- 1) Nombre: \_\_\_\_\_  
 Domicilio: \_\_\_\_\_  
 \_\_\_\_\_  
 Número de Teléfono: \_\_\_\_\_  
 Empleo: \_\_\_\_\_  
 Número de Empleo: \_\_\_\_\_  
 Domicilio de e-mail: \_\_\_\_\_

- 2) Nombre: \_\_\_\_\_  
 Domicilio: \_\_\_\_\_  
 \_\_\_\_\_  
 Número de Teléfono: \_\_\_\_\_  
 Empleo: \_\_\_\_\_  
 Número de Empleo: \_\_\_\_\_  
 Domicilio de e-mail: \_\_\_\_\_

**Información para contactos de emergencia (otro de padre oh tutor) Favor de proveer numero de teléfonos.**

*Para emergencias el padre o tutor serán avisados. **Por favor de alistar contactos adicionales en caso que no podamos avisarle a usted:***

- 1) \_\_\_\_\_  
 Nombre                                      Teléfono                                      Relación
- 2) \_\_\_\_\_  
 Nombre                                      Teléfono                                      Relación

Comentarios de contactos: \_\_\_\_\_

Firma de Padre/Tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

# CALDWELL SCHOOL DISTRICT 132

## HOME LANGUAGE SURVEY

*Please help our School by completing this survey to help us meet our responsibility to determine if any new student to the Caldwell School District is a potential English Language learner.*

Name of Student: \_\_\_\_\_ Gender: M or F

Date of Entry into School: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Previous School: \_\_\_\_\_ Grade: 9 10 11 12

Parent/Guardian: \_\_\_\_\_

What language is spoken in the home: \_\_\_\_\_

Does the student speak a language other than English: Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, what language: \_\_\_\_\_

Does anyone in your home speak a language other than English: Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, what language: \_\_\_\_\_

What was the first language used by the student: \_\_\_\_\_

What language is used most often in the home: \_\_\_\_\_

What language is used most often outside the home: \_\_\_\_\_

What Country was the student born: \_\_\_\_\_

What year did student first enter school in the USA: \_\_\_\_\_ State: \_\_\_\_\_

Has your child ever been in a **bilingual education** or **English as a Second Language** program in a school in the USA: Yes \_\_\_\_\_ No \_\_\_\_\_

Did your child exit the Program: Yes \_\_\_\_\_ No \_\_\_\_\_ If so, list date: \_\_\_\_\_

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

**Parent / Guardian Signature**

# Caldwell School District 132

## Encuesta de Idioma de Hogar

Por favor de ayudar a nuestra escuela al llenar esta encuesta para ayudarnos en cumplir con nuestra responsabilidad al determinar se algún niño recién matriculado en nuestro distrito es Aprendizaje del idioma ingles.

Nombre del Estudiante \_\_\_\_\_ Genero: F/M

Fecha de Entrada a la Escuela: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_

Padres: \_\_\_\_\_

Domicilio: \_\_\_\_\_ Teléfono: \_\_\_\_\_

¿Habla su niño un idioma otro que no sea Ingles?  
Si No

¿Habla alguna persona un idioma otro que sea Ingles en su hogar?  
Si No

¿Cual es el idioma? \_\_\_\_\_

¿Cual idioma usa su niño con mas frecuencia con sus amigos afuera de su hogar? \_\_\_\_\_

¿En cual país nació su niño? \_\_\_\_\_

¿Cuando entro por primera vez su niño a una escuela de los Estados Unidos? \_\_\_\_\_

Estado: \_\_\_\_\_

Fecha: \_\_\_\_\_

**Firma de Padres**

Caldwell High School  
Student Health Information

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

*(Any student taking medications at school must follow the Caldwell School District's Medication Policy (refer to Student Handbook). Also, when deemed necessary by the nurse or her designee, health care products such as sore throat spray/lozenges, cough drops, eye drops, first aid ointments, etc. may be given to the students. If you do not want your child to receive these products, please contact the nurse.)*

In the event that I am unable to be contacted, I do hereby authorize the officials of Caldwell High School to seek emergency care by a physician, hospital or medical facility, as deemed necessary in their judgment, for the above named student. I will not hold Caldwell High School or Caldwell School District #132 financially responsible for the emergency care and/or transportation of said student.

This consent shall be valid unless and until revoked in writing by the undersigned.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Caldwell High School  
Formulario de Salud de Estudiante

Estudiante \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_ Grado \_\_\_\_\_

Alergias: \_\_\_\_\_

Condiciones Medicales: \_\_\_\_\_

Medicamento: \_\_\_\_\_

*(Cualquier estudiante que este tomando medicina en la escuela tiene que seguir la póliza de medicamento del Distrito de Caldwell High. Puede ver en la agenda de su estudiante. También cuando sea necesario por la enfermera tiene medicinas como spray para la garganta, gotas para los ojos, pomadas para cortadas, etc. que se les puede dar a los estudiantes. Si usted no quiere que su estudiante no reciba estos productos, por favor contacte a la enfermera.)*

En el evento que yo no este disponible, autorizo a los oficiales de la Escuela Secundaria de Caldwell que busquen asistencia de emergencia de un medico, hospital cuando sea necesario para el estudiante. Yo no mantendré responsable financieramente a la escuela de Caldwell High School o al Distrito Escolar #132 de Caldwell económicamente por la transportación o cuidado del estudiante del nombre arriba.

Este consentimiento será valido a solo que sea anulado por escrito por la persona firmado.

\_\_\_\_\_  
Firma de Padre/Guardián

\_\_\_\_\_  
Fecha

# CALDWELL SCHOOL DISTRICT ATTENDANCE AND TRUANCY INFORMATION

Regular attendance is a vital part of a student's educational preparation because student learning is enhanced by teacher-student contact time. Therefore, every effort should be made by students, parents and administration to ensure that students are in attendance and punctual every day.

**The Caldwell School District requires a minimum of 90% attendance per semester to receive academic credit and progress to the next grade level.**

## ABSENCES

Parent / Guardian Notification

Parents / Guardians will be as follows:

- Fifth absence, Truancy Officer makes a home contact by phone, letter or e-mail with policy.
- Seventh absence, Truancy Officer will visit the home.
- Ninth absence, Truancy Officer goes to the home with final notice of family court referral.
- Any absences that exceed 9 days per semester, a Doctor's excuse is required.
- Tenth absence, citation may be issued by the Truancy Officer and School Resource Officer.
- Tenth absence +, citation may be given to student to attend Magistrate Truancy Court.

## TRUANCY

Truancy is defined as a student being absent without the approval of the parent, guardian or school authorities.

- The first time during a school year that a student is truant (**one period or one day when the student is not where the school and the parent expect him/her to be or the parent is not sending the student to school**), the parent/guardian will be notified by mail, email or phone of the truancy and consequences. Every effort will be made and documented to make personal contact with the parent regarding the truancy.
- When the second truancy occurs, the Principal or Designee will conference with the student and parent.
- After the third truancy, Truancy Officer goes to the home with a notice of a court referral.
- After the fourth truancy, the Truancy Officer and School Administration will ask the Board of Trustees to declare the student a Habitual Truant and may be cited to attend Magistrate Court.

**TRUANCY OFFICER – HEATHER RAMOS**

**TRUANCY SECRETARY – CECY RUANO**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



## **Distrito Escolar de Caldwell** **Asistencia e Información de Vagancia**

Asistencia regular es una parte importante de la preparación educativa del estudiante porque el aprender del estudiante es aumentado por el tiempo de contacto entre la maestra y el estudiante. Así que, cada esfuerzo debe ser tomado por los estudiantes, padres y administración para asegurar que los estudiantes estén en asistencia y puntuales cada día.

El Distrito Escolar de Caldwell requiere un mínimo de 90% de asistencia para recibir crédito académico y progreso al nivel de grado.

### **Asistencia**

Notificación de Padres/Tutores

Padres/Tutores serán notificados de la siguiente manera:

- Quinta ausencia, el oficial de vagancia hará contacto con el hogar por teléfono, carta, correo electrónico con la póliza.
- Séptima ausencia, el oficial de vagancia visita el hogar.
- Novena ausencia, el oficial de vagancia visita el hogar con la noticia final de referencia a la Corte de Familia.
- Faltas que sobrepasen nueve días por semestre, se requerida una justificación de doctor.
- Décima ausencia, una infracción es impuesta por el oficial de vagancia y el oficial de recursos escolares.
- Diez faltas o más, los estudiantes pueden ser referidos a Corte Magistrales de Vagancia.

### **Vagancia**

Vagancia se describe como un estudiante estando ausente sin la aprobación del padre, tutor o autoridad de escuela.

- La primer vez durante el año escolar que un estudiante sea vago (un periodo o día cuando un estudiante no esta en la escuela y el padre espera que este en la escuela o el padre no esta enviando al estudiante a la escuela), el padre/tutor será notificado por correo de la vagancia y las consecuencias. Todo esfuerzo será hecho y documentado para hacer contacto personal con el padre en referencia a la vagancia.
- Cuando ocurre la segunda vagancia escolar, el director o su designado tendrán una conferencia con el estudiante y padre.
- Después de la tercera vagancia, el oficial de vagancia visita el hogar con una noticia de referencia a la corte.
- Después de la cuarta vagancia, el oficial de vagancia y la administración de la escuela pedirá a la Meza Directiva que declaren al estudiante un Vago Habitual y puede ser referido a Corte Magistrales de Vagancia.

Oficial de Vagancia – Heather Ramos

Secretaria– Cecy Ruano

Firma de Padre/Tutor: \_\_\_\_\_

Fecha: \_\_\_\_\_

Firma del Estudiante: \_\_\_\_\_

Fecha: \_\_\_\_\_