Boise School District
Student Enrollment Form

First Day of Enrollment: _____ Grade Level: _____
Student's **LEGAL** Name: _____
First/Given Middle Surname/Family Name
Also Known As: _____
Date of Birth: _____ Place of Birth: _____
☐ Male ☐ Female If born outside the United States, month/date of US Entry: _____

Ethnicity (Optional) Check all that apply
- ☐ Am Indian/Alaska Native
- ☐ Asian
- ☐ Black/African Am
- ☐ Pacific Islander
- ☐ White
- ☐ Hispanic

Last School Attended: _____
Address: _____
City: _____ State: _____

Has the Student ever attended a Boise School Before? ☐ Yes ☐ No
If yes, provide the School, Grade, and Year
_____

Special Services at Previous School? ☐ Yes ☐ No
Program: _____
Home Language(s): _____
Medical Information:
Recent Booster Date: _____
Allergies: _____
Medication: _____

Custodial Information (if applicable)
Custody: ☐Mother ☐Father ☐Joint
Non Custodial Parent: ☐Permission to see ☐Pick Up
Copy of custody papers on file ☐Yes ☐No

Student Residency (*Identifying students who may qualify to receive additional services*)
Where does the student stay at night?

- ☐ In a home you own or rent
- ☐ Temporarily with another family in a house, mobile home or apartment
- ☐ Other (*please specify*): _____

Primary Household

Home Phone: _____ ☐ Private Effective Date: _____
Residence Address: _____ ☐ Private
Number Street Apt/Lot
_____
City State Zip
Mailing (if different): _____ ☐ Private
Number Street Apt/Lot
_____
City State Zip

Parent/Guardian (Living in this Household)
Name: _____ _____
First/Given Middle Initial Surname/Family Name Relation To Student
Employer: _____ Work Phone: _____
Email Address: _____ Cell Phone: _____
☐ Messenger
☐ Portal Access
☐ Mailing

Parent/Guardian (Living in this Household)
Name: _____ _____
First/Given Middle Initial Surname/Family Name Relation To Student
Employer: _____ Work Phone: _____
Email Address: _____ Cell Phone: _____
☐ Messenger
☐ Portal Access
☐ Mailing

For Office Use Only
- ☐ Certified Birth Certificate
- ☐ Immunization Records
- ☐ Immunization Exempt Form
- ☐ Health History
- ☐ Proof of Residency
- ☐ Home Language Survey
- ☐ Check-out from previous school
- ☐ Physical Form

Generally, a student is eligible for bus transportation if their residence is 1.5 miles or more from their school, or within a board-approved safety busing area. If you believe your child is eligible, check here to apply for school bus transportation. _____

_____
Parent/Guardian Signature Date

Boise School District
Student Enrollment Form

Secondary Household - *If the student lives in both households please check here* ☐

Home Phone: _____ ☐ Private Effective Date: _____

Residence Address: _____ ☐ Private
Number Street Apt/Lot

_____
City State Zip

Mailing (if different): _____ ☐ Private
Number Street Apt/Lot

_____
City State Zip

Parent/Guardian (Living in this Household)

Name: _____ _____
First/Given Middle Initial Surname/Family Name Relation To Student

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

☐ Messenger
☐ Portal Access
☐ Mailing

Parent/Guardian (Living in this Household)

Name: _____ _____
First/Given Middle Initial Surname/Family Name Relation To Student

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

☐ Messenger
☐ Portal Access
☐ Mailing

Emergency Contacts (*Please provide a person or persons (other than the parents) who could be contacted in an emergency).*

Emergency Contact: _____ Cell Phone: _____

Relation to Student: _____ Work Phone: _____

Emergency Contact: _____ Cell Phone: _____

Relation to Student: _____ Work Phone: _____

Doctor: _____ Phone: _____

All Children Living in the Primary Household

Legal Name	Birthdate	Grade	School Child Attends
Legal Name	Birthdate	Grade	School Child Attends
Legal Name	Birthdate	Grade	School Child Attends
Legal Name	Birthdate	Grade	School Child Attends
Legal Name	Birthdate	Grade	School Child Attend
Legal Name	Birthdate	Grade	School Child Attend
Legal Name	Birthdate	Grade	School Child Attend

Home Language Survey Form- **Parent**
Boise School District

Dear Parent/Guardian:

The Office of Civil Rights and Idaho State Department of Education require school districts to determine the **dominant language spoken** by your student to help provide meaningful instructional programs.

Please answer these questions and return to your school. This questionnaire becomes a part of the District's official documentation of language assessments. Thank you.

Student Name:_____
Last First Middle

Grade_____ Birth Date_____ Birth Place_____
School_____

1. Which language did your son or daughter learn when he/she first began to talk? _____

2. What language does your son or daughter use at home? _____

3. What language do you use when speaking to your child? _____

4. Name the language your child speaks with his/her friends outside the home. _____

5. Will you need someone to help translate letters sent home? YES ☐ NO ☐

U.S. entry date _____ U.S. school entry date _____

☐ Check the box if your family has moved at some time in the past 3 years for work in the U.S. that is seasonal or temporary AND agricultural or fishing.

_____ _____
Signature of parent or guardian Date

_____ _____
Translator's printed name (if utilized) Translator's signature

West Junior High School Class of 2023
On-line Course Selection Newsletter
2017-18 School Year

West Junior High School
854-6450
west.boiseschools.org

Promotion requirements for 2023

Refer to the Boise School District Spring Pre-Registration Booklet for more details on promotion requirements.

In order for students to promote from 7th to 8th grade:

- Students must pass at least 80% of total courses (11 credits/school year).
- Students must pass at least 1 semester of all year-long CORE courses.
- Students earn 1 credit/class/semester

CORE Classes

World Studies: Asia/Africa — Reading 7

Accelerated Math 7 — English 7

Earth Science (if taken in the 7th grade)

Summer School
Information will be available prior to spring break at: www.boiseschools.org

Career Information
What classes should I take if I want to go into a specific career?
All students work in the CIS program throughout the year to explore Careers Paths and post-high school programs.

Questions??
Feel free to contact your student's counselor at anytime regarding the on-line course selection process, promotion requirements, or summer school. The e-mail address is:
Jaclyn.Haugland@boiseschools.org

7th Grade Course Offerings

REQUIRED COURSES

English 7—Full year: Students may choose from the traditional course, or the accelerated program.
Reading 7—Full year: Students may choose from the traditional course, or the accelerated program.
Acc. Math 7—Full year: Students may be placed in a Math Seminar as an elective in order to provide support and assistance with being successful.
World Studies: Africa & Asia—Full year
Life Science & Physical Education—One each semester. Physical examination required for PE 7.

ELECTIVES

Art

- Art 1– year long class exploring elements/principles of art through drawing, painting, sculpture & clay
- Arts & Crafts—semester long class with weaving, clay projects, drawing, painting

Music

- Band/Orchestra—For Orch. 1 & Band 2, students should have a minimum of 2 years experience. Please write the instrument you play on the registration sheet.
- Choir, Piano, Guitar: semester long and all ability levels are welcome (Int. Guitar requires Beg. Guitar first)

Technology (all courses are a semester long)

- Technology 7—Gliders, paper pinewood derby, 3D design & printing, toothpick bridges, Hour of Code, etc.
- Computer Apps. 1 & 2—Keyboarding, digital citizenship & media, cloud-based digital literacy, systems & operations, software creation & app. w/ coding, Google Suite for word processing, research strategies.

World Languages

- Exploring French/Spanish Cultures– semester long class where students learn about cultural customs, as well as an introduction to vocabulary terms & phrases

Language Arts

- Writing for Enjoyment— semester long class for students who love to write
- Creative Communication—semester long class to introduce student to theater arts

Special Offering

- Tactics for Thinking—semester long class to develop thinking skills through problem-solving units
- Young Living—semester long class to develop culinary, sewing, and infant development skills.
- AVID—If you apply for AVID, please select a different elective. Once accepted, you will automatically be placed in the course.
- Earth Science—full year science class for students wishing to accelerate the science sequence and would become part of CORE promotion requirements (if taken in the 7th grade)

Transportation Form

Each 6th grade student was provided an "Attendance Area/Transportation Verification" form for busing for the 2017-18 school year.
Please return it to your current 6th grade teacher ASAP!

Required Health Documentation To Be Submitted

Physical Exam: Every 7th grade student must have a physical exam completed after May 1, 2017.
Immunizations: T-dap and MCV4 boosters are required prior to August registration.
Health Enrollment Form: Please complete & return the attached form with this registration sheet.

Visit West Nurse webpage for more information/forms

Student Athletes

You must earn at least 5 credits in the semester prior to your sport season in order to be eligible to participate.

Schedule Change Policy

Once school begins, student schedules may only be changed during the **first five days** of any semester. Please choose your electives carefully so that you are appropriately placed.

Infinite Campus Course Selection Steps

1. Log into your student or parent portal at: www.campus.boiseschools.org
2. Click on the left-hand link: "Registration: 17-18 West"
3. Click on "Course Search", type in name of desired class, click "Go"
4. Scroll down.
5. Click on "Request this Course" or "Request as an Alternate" box.
6. For a full day of school, you should have 14 classes selected.
7. Make sure you pick both "A" (first semester) and "B" (second semester) classes. Example: for English 7, you should have English 7 - A and English 7 B, so that you have both semesters of this class.

The On-line Course Selection Portal will close at the end of February. After that time, contact Mrs. Haugland, your counselor, to change desired courses. The e-mail address is Jaclyn.Haugland@boiseschools.org.

2017-2018
West Jr. High
7th Grade
Registration Form

Name_____

SEMESTER 1	SEMESTER 2
1. World Studies 7A: Africa/Asia	1. World Studies 7B: Africa/Asia
2. Life Science 7	2. Physical Education 7
3. Math 7 A ACC	3. Math 7 B ACC
4. Eng 7A *or* Eng 7A ACC	4. Eng 7B *or* Eng 7B ACC
5. Read 7A *or* Read 7A ACC	5. Read 7B *or* Read 7B ACC
6. Elective:	6. Elective:
7. Elective:	7. Elective:

Please write the course name for 2 alternative electives in the event the above elective requests are unavailable:

Alternate #1: Course Name_____

Alternate #2: Course Name_____

7TH GRADE ELECTIVES

YEAR LONG COURSES:

Arts & Crafts
Art 1

Accelerated Science Program
Earth Science

Music
Orchestra (P)
Band 1
Band 2 (P)
Instrument:_____
Treble Choir 1
Tenor/Bass "Boys" Choir

SEMESTER LONG COURSES:

Arts & Crafts
Arts/Crafts

Business/Computer Education
Computer Applications 1
Computer Applications 2

Family & Consumer Science
Young Living

Language Arts
Writing for Enjoyment
Creative Communications

Music Each guitar class may be taken twice.
Beginning Guitar
Intermediate Guitar
Beginning Piano

Special Offerings
Tactics for Thinking

Technology Education
Technology 7

World Languages
Exploring French & Spanish

(P) - Prerequisite,*Instructor's approval required to take.

Parent/Guardian Signature_____ Date_____

Student Signature_____ Date_____

Please return to your teacher by _____

WEST JR. HIGH HEALTH FORM

Student's Last Name _____ First Name _____

Date of Birth _____ Current Grade _____

This information may be shared with school personnel when needed to assist with your child's education.

Does your child have any Medical Conditions? _____

_____

Does your child have any emotional concerns? _____

Medications taken at home _____

_____

Medications needed at school* _____

_____

*See the school nurse for "Authorization of Medication Administration" form

Does your child have any SEVERE Allergies? _____

_____

Describe Reaction _____

Treatment _____

_____

Has your child ever had a concussion? _____

What major changes or events in your family situation have occurred this year?
Moving _____ Divorce _____ Death of a family member _____ Serious illness or accident_____

Please describe _____

_____

Other _____

I WILL ALLOW the school nurse and/or authorized personnel to give my child Ibuprofen, Acetaminophen, cough drops or antacids at school for minor problems such as: complaints of headache, pain due to musculoskeletal injury, orthodontic procedures, menstrual cramps, dry throat, upset stomach and/or indigestion.

_____ _____

Parent Signature **Date**

Parents may be asked to consult a physician if their child makes frequent requests for medications (such as three times a week during a two-week period of time.)

Grade 7 and 8 Immunization Requirements

Children going into 7th or 8th grade must meet the following minimum immunization requirements in addition to school entry requirements:

- (1) Tetanus, Diphtheria, Pertussis (Tdap)
- (1) Meningococcal

Please visit with your child's healthcare provider about these requirements. If your child is in need of immunizations, contact your physician or Central District Health Department for clinic hours. The clinic cost is minimal and requires that parents or guardians accompany their children to the clinic. As immunizations are updated, please provide the school nurse with a current copy. For additional information and resources, please call the school nurse at your child's school.

Additional Resources

Unity Health Center
745 South Progress Avenue, Meridian, ID 83642
Phone: 208-895-6729 | Fax 208-855-5921
www.uhcidaho.com
Walk-ins welcome.
Open Monday – Saturdays 9:00 AM – 6:00 PM
Accepts most Insurance and Medicaid. If uninsured, $20 cash for the first vaccine and $10 for each additional vaccination

Central District Health Department

707 N. Armstrong Place
Phone: 208-327-7450

Hours: Appointments Required
Monday: 11:00 a.m. - 7:00 p.m.
Tuesday - Thursday: 8:00 a.m. - 5:00 p.m.
Clinic closed 9:00 a.m. - 12 noon 3rd Thursday every month
Friday: 8:00 a.m. - 4:00 p.m.

Cost - Sliding scale

Walgreens
All locations offer 7th grade immunizations
Hours: Monday - Friday: 8:00AM-10:00PM
Saturday and Sunday: 9:00AM-5:00PM
Insurance Co-pay, accepts Medicaid

Updated 11-30-2016

Resources for Sports Physicals

The pre-seventh grade physical examination (**exams acceptable after May 1st of 6th grade year**) is a required examination. This examination is good for physical education classes in grades 7-12 and athletics in grades 7- 8. Costs are subject to change. *Updated 12-14-2016*

The Karfeldt Center 2921 S. Meridian Rd Meridian, ID 83642 208-338-8902 **COST:** $25 ***They will donate $10 back to West!!*** Ask for a 'Sports Physical' when making an appointment.	**Central District Health Department** 707 N. Armstrong Pl Boise, ID 83704 208-327-7400 **COST:** $46 (No sliding scale for physicals.) Appointment required. Payment due at appointment. Does not accept insurance or Medicaid. ***7th grade required immunizations are also available at an additional charge based on income.***
Primary Health Overland 8971 W. Overland Rd. Boise, Idaho 83709 Phone: 208-378-4288 **COST:** $45 at ***any*** Primary Health Urgent Care location. Appointment not required. ***7th grade required immunizations are also available at an additional charge.***	**St. Alphonsus Urgent Care** 10583 W Lake Hazel Rd. Boise, Idaho 83709 Phone: 208-302-5900 **COST:** $25 at ***any*** St. Alphonsus Urgent Care location. Appointment not required for physicals. ***7th grade immunizations are also available at an additional charge for established patients only.***
Chiropractic Spine Care 10108 W. Overland Rd. Suite B Boise ID 83709 Phone: 208-323-8600 **COST**: $35	**Advanced Chiropractic** 6720 W. Overland Rd. Boise, Idaho 83709 Phone (208) 323-1440 **COST**: $20
Foster Chiropractic 1675 North Maple Grove Road Boise, ID 83704-6925 (208) 376-4940 **COST:** $35	**Latah Chiropractic** 376 S. Latah Boise ID 83705 208-338-9111 **COST:** $ 30

Boise Schools Required 7-8 Grade Physical Examination

It is required that all students complete a History and Physical examination prior to his/her participation in physical education and athletic programs. The exam is at the expense of the student and is to be completed ***AFTER MAY 1*** of the 6th grade year. This examination is to be done by a licensed physician, physician's assistant, nurse practitioner, or chiropractor. **Please include a copy of updated immunizations with this form from your MD office.**

Name _____ Home Address _____

Phone _____ Grade _____ Sports _____

Personal Physician _____ Physician's phone number _____

Date of Birth _____ Sex _____ School _____

CONSENT FORM

(Parent or Guardian Permission and Approval)

I hereby consent to the above named student participating in the physical education and/or interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. I also consent to the release of any information contained in this form to carry out treatment and health care operations for the above named student.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

HISTORY FORM

*Fill in details of "YES" answers in space below:

	YES	NO
1. A. Have you ever been hospitalized?	___	___
B. Have you ever had surgery?	___	___
2. Are you presently taking any medication or pills?	___	___
3. Do you have any allergies (medicine, bees, other stinging insects) ?	___	___
4. A. Have you ever passed out during or after exercise?	___	___
B. Have you ever been dizzy during or after exercise?	___	___
C. Have you ever had chest pain during or after exercise?	___	___
D. Do you tire more quickly than your friends during exercise?	___	___
E. Have you ever had high blood pressure?	___	___
F. Have you ever been told you have a heart murmur?	___	___
G. Have you ever had racing of your heart or skipped beats?	___	___
H. Has anyone in your family died of heart problems or a sudden death before age 50?	___	___
5. Do you have any skin problems? (itching, rash, acne)	___	___
6. A. Have you ever had a head injury?	___	___
B. Have you ever been knocked out or unconscious?	___	___
C. Have you ever had a seizure?	___	___
D. Have you ever had a stinger, burner, or pinched nerve?	___	___
7. A. Have you ever had heat cramps?	___	___
B. Have you ever been dizzy or passed out in the heat?	___	___
8. Do you have trouble breathing or cough during or after exercise?	___	___
9. Do you use special equipment, pads braces, mouth or eyeguards?	___	___
10. A. Have you had problems with your eyes or vision?	___	___
B. Do you wear glasses, contacts or protective eyewear?	___	___

11. Have you ever sprained/strained, dislocated, fractured/broken, or had repeated swelling or other injuries of any of your bones or joints?

___ Head	___ Neck	___ Chest	___ Back	___ Hip
___ Shoulder	___ Elbow	___ Forearm	___ Wrist	___ Hand
___ Thigh	___ Knee	___ Shin/Calf	___ Ankle	___ Foot

12. Have you ever had any other medical problems such as:

___ Mononucleosis	___ Diabetes	___ Asthma	___ Hepatitis
___ Headaches (frequent)			
___ Tuberculosis	___ Eye injuries	___ Stomach ulcer	___ Other

13. Have you had a medical problem or injury since last exam? _____
14. When was your last tetanus shot? _____
15. When was your first menstrual period? _____ When was your last menstrual period? _____
    What was the longest time between periods last year? _____

*Explain "YES" answers here: _____

COPY TO: SCHOOL NURSE

PHYSICAL EXAMINATION FORM

Student Name_____ BP _____/_____

Height _____ Wt _____ T_____ Pulse _____ Resp _____
Visual acuity R 20 / _____ L 20 / _____ Corrected Y N Pupils _____

Immunizations: **Please include a copy of the student's updated immunizations with this form.**

CURRENT HEALTH PROBLEMS _____

CURRENT MEDICATIONS _____

	Normal	Abnormal
Ears, Nose, Throat	_____	_____
Cardiopulmonary		
Pulses	_____	_____
Heart	_____	_____
Lungs	_____	_____
Skin	_____	_____
Abdominal	_____	_____
Genitalia	_____	_____
Musculoskeletal	_____	_____
Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____

Scoliosis Positive _____ Negative _____
*Under Care of Physician _____

CLEARANCE / RECOMMENDATIONS

Clearance:

_____ A. Cleared for all sports and other school-sponsored activities.

_____ B. Cleared after completing evaluation / rehabilitation for:
_____

_____ C. Student is *NOT* permitted to participate in physical education or athletics.
Reason: _____
_____

Recommendation: _____
_____

Examiner's Signature: _____ Date: _____
(This Physical form must be signed by one of the following: a licensed physician, physician's assistant, nurse practitioner, or chiropractor)

Address: _____ Phone: (_____) _____

2/2012

**COPY TO: SCHOOL NURSE*