

Plummer-Worley Joint School District No. 44

Home of the Knights



Family Information:

Parent Name:		Parent Name:	
Cell Phone	Work Phone	Cell Phone	Work Phone
Email	Employer	Email	Employer
Mailing Address	Street Address	Mailing Address	Street Address
City & Zip	City & Zip	City & Zip	City & Zip

Emergency Contact Information

Please list three (3) emergency contacts other than the parent/guardians listed above.

Name	Address	Phone	Ok to pick up	Yes	No
Name	Address	Phone	Ok to pick up	Yes	No
Name	Address	Phone	Ok to pick up	Yes	No

Persons not listed on this form will not be allowed to take your child from school or to get them out of class for any reason. NO EXCEPTIONS! If circumstances change, please contact the school office immediately so this list may be updated.

Student Residency and household information (Used to identify students who may qualify for additional services).			
Where does the student stay at night? Please circle one:			
In a home you rent or own	Temporarily with another family	Motel or Shelter	Moving from place to place
Camper/Trailer/RV	In a place not designed for sleeping such as a Car, Park or Campground		Other
Does your student need assistance with any of the following? (please circle)			
Transportation	Clothing	Health Care	Hygiene Products
After School Program	Homework Assistance		

Informational Emails

Do you wish to receive weekly emails from the school with updates and activities?	Yes	No
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Home Language Survey

What languages are spoken in your home?	What language did your children learn first?
What language do your children speak most often?	What language do you use when talking to your children?
What language do you prefer for phone calls and letters?	What language does your child use when talking with friends?

Signature _____ Date: _____

Student Information:

Please complete a separate form for all students residing in your household

Student Name	Grade Level	Date of Birth
Student Resides with:	Mother	Father
	Other Relative	Guardian
If Guardian or Other Relative, what is your relationship to the student?		
Do you have legal custody via a court order? If so, please provide a copy of the court order		
Is there anyone who is not allowed to see your child while at school? If you are denying access or information to a natural parent, the school must have an official copy of the court order.		
Federal Reporting Survey		
The following information on ethnicity and race is required for federal reporting. If you choose not to answer, district personnel will be required to make a selection on your behalf. <i>(Note: Both Part A and Part B of the question <u>must be answered.</u>)</i>		
Part A:		
Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.) (Choose only one)		
Yes, Hispanic/Latino No, not Hispanic/Latino		
The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.		
Part B: What is the student's race? (Choose all that apply)		
<input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.		
<input type="checkbox"/> 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, Thailand, and Vietnam).		
<input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa).		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).		
<input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).		
Military Connection		
Does this student and/or parent have a connection to the military? If so, please select from the following:		
Active Duty National Guard or Reserve		

Permission for Activity/Media Release/Routine Health Screenings

From time to time, students may participate in certain activities relating to their educational program or optional public health screening/program. Please respond to each statement below by circling the appropriate response. These permissions will remain in effect for the duration of the 2018-19 school year unless revoked in writing. Please initial here: _____		
I permit my child to participate in routine field trips. Transportation to field trips may include walking or school bus.	Approve	Disapprove
I permit the use of my child's name and/or photograph for various purposes including small group presentations, local media publications, program brochures, district website or brochures, and related classroom uses.	Approve	Disapprove
I permit my child's participation in routine health screenings which may be performed by Panhandle Health or Marimn Health, i.e. scoliosis, vision, hearing, etc.	Approve	Disapprove

If you are new to the district, please provide the following information:

Name and location of previous school					
Was your child involved in any special programs, i.e. Gifted/Talented, Special Education, Dual enrollment, Migrant, etc. Please be specific					
Does your child have an IEP? Yes No		Does your child have a 504 Plan? Yes No			
Are you, your child, or your child's grandparent(s) enrolled in an Indian tribe?			Yes No		
If yes, and this is the first time enrolling in the district, or if you have recently received a tribal enrollment number for your child, please complete the attached "506 Form" at the end of this packet.					

Student Transportation and Release

(208) 686-1714 Office
 (208) 686-1741 Fax
 (208) 582-0057 Director Cell

Personal Transportation

Will your student be driving a vehicle to school? Yes No	
If so, please provide a copy of the Student's Driver License and Copies of ALL of the related Insurance Information:	
Vehicle's License Number	Registered Owner
Policy Number	Insurance Company

School Transportation

Student's Name	Home Address
Parent Phone <i>(Please list All Numbers)</i>	
If your student will ride the bus to or from school, please list the pickup/drop off location if different from your home address:	
Pickup Location:	
Drop Off Location:	
Alternate Pickup Location:	
Alternate Drop Off Location:	

Please list anyone other than the parent/guardian who has permission to pick up your student from the bus, i.e. babysitter, friend's parent, etc. Include name and phone number for each person listed:	
Name/Relationship to Child	Phone
Name/Relationship to Child	Phone
Name/Relationship to Child	Phone
People not listed on this form will not be allowed to take your child from the bus for any reason. NO EXCEPTIONS! If circumstances change, please contact the school office in writing immediately so the list may be updated.	

NOTICE CONCERNING STUDENT INJURIES

Even with the greatest precautions and closest supervision, accidents can and do occur. They are a fact of life and a part of the growing process for children. Parents need to be aware of this and be prepared for possible medical expenses that may arise should their child be injured at school.

The district does not provide medical insurance to pay for medical expenses when students are injured at school or during school activities. This is the responsibility of the parents or legal guardians. The district carries only legal liability insurance.

Parents should always be prepared to pay for any medical expenses incurred at school or a school activity.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

If your child becomes ill or is injured at school or a school activity, every effort will be made to contact you. There are, however, times when it is not possible to contact a parent or guardian.

Emergency Medical Authorization

In the event reasonable attempts to contact me are unsuccessful, I (We), the undersigned parent/legal guardians' of _____, do authorize any hospital, clinic, or licensed physician to treat my/our child and administer any x-ray examination, anesthetic, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of the hospital, clinic, or office.

Child's Full Name: _____ Date of Birth: _____

Medications: _____ Allergies: _____

Preferred physician: _____ Phone: _____

Preferred dentist: _____ Phone: _____

Preferred hospital: _____

Please list additional medical information, special instructions, eye contacts, allergies, asthma, etc:

If your child requires medication to be administered at school, please contact the building secretary for additional forms and information.

In the event the designated preferred practitioner is not available, we authorize in advance another licensed physician or dentist the authority and power to render care in his/her best judgment and the transfer of the child to any hospital reasonably accessible. It is also understood that every effort shall be made to contact the parent/legal guardian prior to rendering treatment to the patient, but that treatment will not be withheld if the parent/guardian cannot be contacted. Permission is also granted for the chaperone to provide emergency treatment to my/our child prior to his/her admission to any medical facility. I further authorize the chaperone to assist in the self-administration of anti-inflammatory nonprescription pain medication (i.e. aspirin, Acetaminophen, ibuprophen, etc.) provided by the student.

Signature of Parent/Guardian _____ Date: _____

CONSENT TO RECEIVE IMMUNIZATION INFORMATION

2018-19 School Year

As a part of school enrollment, we require an immunization record. Marimn Health will release records to the district if they have received written authorization from the parent. If you would like the district to receive immunization records directly from Marimn Health, please sign the authorization below:

I hereby authorization Marimn Health to provide a copy of all immunization records for _____ to the Plummer Worley Joint School District.

Signature of Parent/Guardian _____ Date: _____

Plummer-Worley School District Student Technology Use Agreement

Plummer-Worley School District Policies and Procedures 3612 and 3615 guide employees and students in responsible use of information and technology. The International Society for Technology in Education (ISTE) Standards define digital citizenship as an understanding of human, cultural, and societal issues related to technology and the practice of legal and ethical behavior. The following statements explain the expectations for responsible use of technology, access, and digital communication for any school related purpose.

As a digital citizen I will:

- Keep private information private. My password(s) and identity are mine and not to be shared.
- Treat others with respect both online and offline and have appropriate conversations in all my interactions with others.
- Report anyone who tries to use technology tools to hurt or harass me to an appropriate authority (teacher, principal, parent, etc.).
- Strive to be a responsible digital citizen and encourage others to do so as well.
- Credit my sources when I am using other people's information, images or other material.
- Follow Plummer-Worley School District policies, rules and regulations.
- Exercise care and personal responsibility when using school/district equipment.
- Use my own electronic device(s) at school only with the permission of my parent or guardian and my teacher. I understand my school has guidelines about using my device at school and not following those guidelines may result in my device being confiscated temporarily.
- Capture, record or transmit the words and/or images of any staff member or student only with their express permission.

As a digital citizen I understand:

- Internet access is available to further learning goals and objectives.
- Any computer work may be lost and I should be careful to back up important work in more than one location.
- Some things from the Internet I read may not be true.
- Information I post online leaves a "digital footprint" that can have lasting effects.
- Cyber-bullying is a violation of school policies and I can be subject to disciplinary action if I am bullying others.
- I may not create, transmit, or communicate any material accessible via the Internet that contains items that are illegal, obscene, harassing, insulting, ostracizing, or intimidating to others.
- The Plummer-Worley School District does not condone or permit the viewing or use of inappropriate material and uses content filtering software to protect students and staff to the extent possible.
- Content filtering tools are not completely fail-safe. School and district personnel have the authority and responsibility to monitor appropriate use of technology tools. Parents are also encouraged to monitor their child's Internet activity.
- Using a school computer or network is not private; even when generated on a personal device. Teachers and district staff may review my work and activities when I am using a school log on. Any and all Plummer-Worley School District log on histories can be inspected.

- Accounts may be created for me for school related use on services such as (but not limited to):

- Microsoft
- IDLA
- Read Naturally
- Dragon Naturally Speaking
- I-Ready
- Think Through Math
- i-Station
- Discovery Ed
- Typing Agent
- Adobe

All services comply with the district student data privacy and security policy 3515. For questions about student accounts, please contact the school office or district technology department.

- Technology use at school is not a right but a privilege. I understand that violating any of these policies may result in this privilege being removed.

I acknowledge that I have read and understand the Plummer-Worley School District’s Student Technology Use Agreement. I agree to abide by all the applicable rules and regulations. I understand that the District reserves the right to access, review, monitor, audit, log and/or intercept computer/technology use at all times and without prior or subsequent notice. I pledge that I will use technology responsibly and for educational purposes under the direction of school staff. I understand that the use of devices and all technology in the Plummer-Worley School District is a privilege that can be revoked.

School: _____

Student Printed Name: _____

Student Signature: _____ Date: _____

Parent or Legal Guardian Printed Name: _____

Parent or Legal Guardian Signature: _____ Date: _____

For more information about safe and responsible use of technology and information, please check out Common Sense Media resources for families and students:

<https://www.commonsensemedia.org/educators/connecting-families/share>

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. 5 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- Federally Recognized
- State Recognized
- Terminated Tribe (Documentation required. Must attach to form)
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) _____ Or
- B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Address: _____ Email Address: _____