

## Información de Registración de Estudiante del Distrito Escolar de Condado de Washington

Apellido Legal del Estudiante		Primer y Segundo Nombre		Nombre que usa el Estudiante	
Genero	Fecha de Nacimiento	El país del Nacimiento	Grado	Numero de Seguro Social (Opcional)	Numero de teléfono de su casa
Dirección de su Casa			Ciudad		Zona Postal
Dirección de Correo (si es diferente)					
Correo Electrónico <i>(Escuelas secundarias: Toda la información te será mandada electrónicamente incluyendo cartas de reporte)</i>				<b>Escuelas Secundarias Solamente:</b> <input type="checkbox"/> Prefiero que la información sea mandada por correo regular a mi casa. Entiendo que debo pagar \$5.00 por este servicio.	
<b>Mi estudiante tiene necesidades especiales (ejemplo: Educación Especial, IEP, medica, 504, etc.):</b> Si <input type="checkbox"/> No <input type="checkbox"/>					
Nombre del Padre		Lugar de Empleo		Número de Teléfono del Empleo	Teléfono Celular
Nombre de la Madre		Lugar de Empleo		Número de Teléfono del Empleo	Teléfono Celular
Nombre del Tutor y Relación al Estudiante (si es alguien mas que los padres naturales)		Lugar de Empleo		Número de Teléfono del Empleo	Teléfono Celular
Nombre de emergencia que puedan hablar (Persona para llamar si no se puede ponerse en contacto con el padre o tutor)		Relación al Estudiante		Número de Teléfono de Emergencia	
Es usted Hispano/Latino/de origen Español? <input type="checkbox"/> No, no Hispano/Latino/origen Español <input type="checkbox"/> Si, Hispano/Latino/origen Español					
Seleccione su raza: <i>(Usted debe seleccionar una, aun si usted contesto 'si' en la pregunta de arriba. Puede seleccionar mas de una si aplica):</i> <input type="checkbox"/> Nativo Americano o Nativo de Alaska (tribu: _____) <input type="checkbox"/> Asiático <input type="checkbox"/> Negro o Áfrico-Americano <input type="checkbox"/> Nativo de Hawai u otra Isla del Pacifico <input type="checkbox"/> Blanco					
Responda a cada pregunta: 1. Cual fue el primer idioma que el estudiante aprendió a hablar? _____ 2. Por favor nombre todos los idiomas que el estudiante habla o entiende. <i>(Por favor no incluir idiomas extranjeros que hallan aprendido mediante programas.)</i> _____ 3. Por favor nombre todos los idiomas que se hablan en la casa del estudiante. <i>(Por favor no incluir idiomas extranjeros que hallan aprendido mediante programas.)</i> _____ 4. En que idioma usted necesita recibir comunicación de la escuela? _____ 5. Fecha que entro en el sistema de la escuela en los Estados Unidos _____					
Escuela previa a que asistió (Nombre, dirección ciudad, zona postal):					
Lista de personas, con numero de teléfono, cualquier otra persona que no sea el padre o tutor que pueda sacar al estudiante del la escuela:					

**Verifico que he revisado y me han dado una copia de la póliza del distrito escolar del condado de Washington y las razones por suspensión y expulsión están localizadas en el manual de la escuela. ( \_\_\_\_\_ Iniciales)**

**Yo certifico que el estudiante mencionado arriba esta viviendo con su padre natural o con un tutor ordenado por la corte, y reside en la área que corresponde a esta escuela.**

\_\_\_\_\_  
Firma del padre o tutor legal (Relación al estudiante)

\_\_\_\_\_  
Fecha

*El distrito escolar del condado de Washington no discrimina en base a raza, color, origen, nacionalidad, sexo, religión or incapacidad en ningún programa educativo. Información en este documento es clasificado como privado de acuerdo con los archivos de la administración de acto del Gobierno (Código de Utah 63-2-302).*

WCSD Form 901

Revised 09/2013

<b>For School Use Only:</b>					
School _____	Entry Code _____	Entry Date _____	Birth Certificate <input type="checkbox"/>	Immunization <input type="checkbox"/>	
Student ID# from previous school _____	Other _____	Bus Number _____			

# WASHINGTON COUNTY SCHOOL DISTRICT

## SAFE SCHOOLS RELEASE OF RECORDS

*(Enrollment in Washington County School District does not automatically guarantee activity/athletic eligibility. Utah High School activities Association transfer rules apply)*

### PARENT/LEGAL GUARDIAN EDUCATION RECORDS RELEASE

As parent/legal guardian of:

\_\_\_\_\_ (Student's Legal Name) \_\_\_\_\_ (Student's Date of Birth) \_\_\_\_\_ Grade

\_\_\_\_\_ (Student's Legal Name) \_\_\_\_\_ (Student's Date of Birth) \_\_\_\_\_ Grade

I authorize \_\_\_\_\_  
(Name of previous school)

\_\_\_\_\_  
(Address of previous school)

to release all education records needed for enrollment including:

Immunization \_\_\_\_\_  
Special Education \_\_\_\_\_  
Parents' Signature

to:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

You are authorized to release records relative to my child's conduct, specifically: (1) suspensions; (2) expulsions; (3) safe school violations; and/or (4) truancy problems. It is understood that these records may be used as part of the application process. These records will be for the use of Washington County School District professional staff and will fall under the guidelines of the Family Education Rights and Privacy Act (FERPA).

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

**WASHINGTON COUNTY SCHOOL DISTRICT**  
**la DECLARACION de conducto de las ESCUELAS SEGURAS**

**1. DECLARACION DEL ESTUDIANTE Y LOS PADRES / TUTORES LEGALES**

Solicitante (el Estudiante) \_\_\_\_\_

**A. Tiene** . \_\_\_\_ **No Tiene** cargas criminales archivadas contra él/ella en los pasados dos años de la fecha en esta declaración. Si eso es el caso, anote por favor las cargas y explica.

\_\_\_\_\_

**B. Si** \_\_\_\_ **No** corrientemente esta el sujeto debajo de una investigación criminal ?. Si sí, anote por favor las cargas y la posición.

\_\_\_\_\_

\_\_\_\_\_  
(Firma Padre/Tutores Legales)      (la Fecha)      (el nombre del Estudiante)      (la Fecha)

Cualquier omisión, falsificación, o la aserción errónea se considerarán una infracción de la Política de Escuela Seguro del Distrito.

**2. La LIBERACION CRIA/LEGAL del GUARDIAN PARA la DECLARACION de la AUTORIDAD de POLICIA (Requerido para cualquier estudiante doce (12) años de la edad o más viejo si la respuesta es sí en A o B de #1)**

Como Padre/Tutor Legal de \_\_\_\_\_  
(el nombre del Estudiante)      (fecha de nacimiento del estudiante)

\_\_\_\_\_ Yo autorizo la POLICÍA de  
(dirección legal durante los últimos dos años)

\_\_\_\_\_ para liberar la información solicitada abajo a \_\_\_\_\_  
(Local)      (la escuela que lo solicita)

se entiende que esta información será evaluada por el Distrito de la Escuela de Condado de Washington el personal profesional como parte del proceso de la aplicación de la residencia y no será transferida a cualquier otro la jurisdicción sin el permiso paternal. El 75-5-206 del CODIGO de UTAH (i) (ii)e 53A-2-208 (3) de CODIGO de UTAH.

\_\_\_\_\_  
(Firma Padre/Tutores Legales)      (la Fecha)

Con respecto al (estudiante) \_\_\_\_\_ Por favor anote cargas criminales que han sido archivadas contra el/ella durante los ultimos dos años y si el estudiante corrientemente esta debajo de invetigacion con su agencia.

\_\_\_\_\_

\_\_\_\_\_  
( Oficial y Numero de la Chapa)      ( (Departamento de Policía)      (Fecha)





# HURRICANE INTERMEDIATE SCHOOL

## POLICY DISCLOSURE

We have reviewed the following Washington County School District and Hurricane Intermediate School Policies: *(Initial each item below)*

\_\_\_\_\_ Acceptable use Policy for the Internet (found on the reverse side of this page)

\_\_\_\_\_ Zero-Tolerance Behavior / Safe School Policy

\_\_\_\_\_ Dress Code

\_\_\_\_\_ Attendance Policy

\_\_\_\_\_ The school has permission to publish the student's name and picture in newspaper, television, or other media outlets for school-related activities.

\_\_\_\_\_ The student will be assigned a gmail account for educational purposes only.

\_\_\_\_\_ Cell phone policy

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Questions or comments can be addressed to Mr. Christensen or Mr. Pedersen at Hurricane Intermediate School at (435) 635-8931.

## Hurricane Intermediate School Chromebook Use Contract

My parents and I have discussed the school district Technology Acceptable Use Policy and I, *[print]* \_\_\_\_\_, agree to the following:

- I will only use the computer with an adult in the room.
- I know that misuse of the computer could lead to serious consequences, including loss of network privileges, disciplinary action, and/or referral to legal authorities.
- I will not share any personal information (such as name, address, or phone number of my parents, classmates, teachers or anyone else) over the Internet.
- I will not give my account name or password to any other student or use another student's login.
- In addition, I understand that my parents will have to pay for anything I break, destroy or steal.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian Consent Form

I, *[print]* \_\_\_\_\_, the parent/guardian of the above student, agree to accept all legal and financial obligations which may result from my student's use of Washington County School District's and Hurricane Intermediate School's Chromebooks and the Internet. I also understand that I am liable for any damages incurred from theft or damage of school property.

As the parent or guardian of this student, I understand the WCSD Technology Acceptable Use Policy which was signed previously and understand this access is designed for educational purposes. I also understand the school district has taken all available precautions to eliminate controversial materials. I will not hold the school or district responsible for inappropriate materials acquired through the Internet. Further, I accept full responsibility for the actions of my child.

**Please place a check mark in the boxes below for either Yes or No:**

I grant permission for my child to use Chromebooks and the Internet at Hurricane Intermediate School as provided by the school district.

\_\_\_ Yes

\_\_\_ No

I grant permission for my child to use a school e-mail account for instructional purposes only **(required for access to the Chromebooks)**.

\_\_\_ Yes

\_\_\_ No

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

**Kindle User Agreement**  
*(Signing this agreement is OPTIONAL)*

Hurricane Intermediate School Library  
Valid for School Year 2018-2019

**Parent Kindle Agreement:**

I agree to give my child permission to check out a Kindle. I understand and assume complete financial responsibility for the Kindle while it is checked out to my child.

- 1) The replacement cost of the Kindle is the **current prevailing price** and the replacement cost of the case is \$35.00. If the Kindle is lost, stolen or damaged beyond repair, I will be responsible for all replacement fees. All other damages will be evaluated and assessed fees accordingly, i.e. books that were paid for that were loaded onto the Kindle.
- 2) Kindles may be checked out for 14 days and may be renewed at the discretion of the library. If a user disregards the loan period and returns the Kindle late, future use may be jeopardized and will be at the discretion of the library.
- 3) A Kindle that is not returned by the due date will be considered late on the 15th day. A **50¢ per day** late fee will be charged to the student's account.
- 4) All rules for use of the network, internet, and other electronic devices from the **WCSD Student Technology Policy** apply when using a Kindle.
- 5) Do not attempt to register, deregister, or reregister the Kindle to a personal Amazon account.
- 6) The Kindle is not allowed to be used by anyone unaffiliated with **Hurricane Intermediate School**.
- 7) Do not leave the equipment unattended at any time.
- 8) Please take a moment to read through the **Student Kindle Responsibility Agreement** with your child.

*By signing this, I understand that I am agreeing to comply with all aspects of this Kindle User Agreement.*

Parent Printed Name \_\_\_\_\_

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

**Student Kindle Responsibility Agreement:**

I agree to take care of the Kindle while it is signed out to me. I understand that I am responsible for any damage that may occur while it is checked out to me. I will **return it directly to the librarian** and I will not leave it unattended. I will not let another student borrow it.

- 1) Please tell the librarian if there is anything wrong with the Kindle when you return it.
- 2) Do not put anything on top of the Kindle.
- 3) Do not eat or drink around the Kindle.
- 4) Kindles may be checked out for 14 days and may be renewed at the discretion of the library.
- 5) Do not download or delete any titles.
- 6) Do not loan to **anyone** else.

I have read, understand, and will comply with all aspects of this **Kindle User Agreement**.

Student Printed Name \_\_\_\_\_

Student Initials \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_



# Washington County School District

## Student Residency Questionnaire for McKinney-Vento Eligibility

This questionnaire is intended to address the McKinney-Vento Education Assistance Improvement Act 42 U.S.C. 11435. The answers to this questionnaire help determine the services the student is eligible to receive.

1. Is **the student's** current address a temporary living arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Is this temporary arrangement due to loss of housing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
     or due to economic hardship? \_\_\_\_\_ Yes \_\_\_\_\_ No  
     or some other reason? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

**If you answered NO to both questions (1 and 2), you may stop here.**

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Which of the situations below apply **to the student?**

- H1 **Student** is sharing a residence with one or more families temporarily.
- H2 **Student** is living in a motel or hotel.
- H3 **Student** is living in a shelter (domestic violence, emergency, or transitional housing units).
- H4 **Student** is living in a car, park, campground, or public place.
- H5 **Student** is living in a place without adequate facilities (running water, heat, electricity).
- H6 **Student** is seeking enrollment without an accompanying parent (not in foster care).

**Student is "physically" living with a parent or guardian in the above situation? \_\_\_\_\_ Yes \_\_\_\_\_ No**

Yes = Accompanied      N = Unaccompanied

- **IF a false claim is made about your living situation, enrollment may be affected.**
  - **\*Please notify the school if your living status changes.**
- 

**Please list all your children that will be enrolling in the Washington County School District at this time:**

Student's Name	Student's School	Grade	Gender	Date of Birth

**Circle** the one that applies: I am the parent / court appointed legal guardian / responsible adult of the above child(ren).

**PRINT** name: \_\_\_\_\_ Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**\*\* Office Staff \*\* Please make enough copies for the parent to take to the other schools within our district. Also, remember to enter this information into PowerSchool and then email me YOUR student's name, homeless code, and YES or NO for being accompanied or not.**

Thank you! *Homeless Liaison*