

Washington County School District Student Registration Information

Student's <u>Legal</u> Last Name		First and Middle Names			Preferred Name	
Gender	Birth Date	Country of Birth	Grade	Social Security Number (Optional)	Home Telephone	
Home Street Address			City	Zip Code		
Mailing Address (if different)						
Email Address (Secondary schools: all information will be sent electronically including report cards)				Secondary Schools Only: <input type="checkbox"/> I prefer to have information mailed to my home and understand that I will be charged a fee of \$5.00 per year for this service.		
My student has special needs (i.e. Special Education, IEP, medical, 504, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No						
Father's Name		Place of Employment		Work Telephone	Cell Phone	
Mother's Name		Place of Employment		Work Telephone	Cell Phone	
Guardian's Name/Relationship (if other than natural parent)		Place of Employment		Work Telephone	Cell Phone	
Emergency Contact Name (to call if parent/guardian cannot be reached)			Relationship to Student		Emergency Telephone	
Are you Hispanic/Latino/Spanish origin? <input type="checkbox"/> No, not Hispanic/Latino/Spanish origin <input type="checkbox"/> Yes, Hispanic/Latino/Spanish origin						
Select your race: (You must select one, even if you answered "yes" on the above question. You may select more than one if applicable.) <input type="checkbox"/> American Indian or Alaska Native (Tribe: _____) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White						
Please complete all information: 1. What was the first language the student learned to speak? _____ 2. List all languages spoken or understood by the student. (Please do not include languages learned through foreign language programs.) _____ 3. List all languages spoken in the home. (Please do not include languages learned through foreign language programs.) _____ 4. In what language do you need to receive communication from the school? _____ 5. Date entered U.S. school system (m/d/yyyy) _____						
Previous School Attended (Name, Address, City and Zip):						
List persons, with phone number, other than parent/guardian who may check student out of school:						

I acknowledge that I have reviewed and been given a copy of the Washington County School District Schools Policy and Grounds for Suspension and Expulsion as located in School Handbook. (_____ Initial)

I certify that the above student is living with a natural parent or court-ordered guardian, and resides permanently in the attendance area of this school.

Signature of Parent or Legal Guardian (Relationship to Child)

Date

The Washington County School District does not discriminate on the basis of race, color, national origin, or disability in any educational program.

Information on this document is classified as private in accordance with Government Records Management Act (Utah Code 63-2-302).

WCSD Form 901

Revised 09/2013

For School Use Only:

School _____ Entry Code _____ Entry Date _____ Birth Certificate Immunization
 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 SAFE SCHOOLS CONDUCT STATEMENT

1. STUDENT AND PARENT/LEGAL GUARDIAN STATEMENT

The Student Applicant _____

A. Has Has Not had criminal charges filed against him/her in the past two years from the date on this statement. If so, please note the charges and explain.

B. Is Is Not the subject of a current criminal investigation. If yes, please note the charges and status.

(Parent/Legal Guardian's Signature) (Date) (Student's Signature/Typed Name) (Date)

Any omission, falsification, or misstatement will be considered a violation of the School District Safe Schools Policy.

2. PARENT/LEGAL GUARDIAN RELEASE FOR POLICE AUTHORITY STATEMENT

(Required for any student twelve (12) years of age or older if answer is yes in A or B of #1)

As parent/legal guardian of _____
(Student's name) (Student's date of birth)

_____ I authorize the POLICE AUTHORITY OF
(Student legal address during the last two years)

_____ to release the information requested below to (school)_____. It is understood that this information will be evaluated by the Washington County School District professional staff as part of the residency application process and will not be transferred to any other person or jurisdiction without parental permission. UTAH CODE 75-5-206 (i) (ii) UTAH CODE 53A-2-208 (3).

(Parent/Legal Guardian Signature) (Date)

Regarding (Student)_____ please list any criminal charges filed against him/her during the last two years and whether or not the student is currently the subject of any criminal investigation with your agency.

(Officer and Badge Number) (Police Department) (Date)



Washington County School District Health Services

STUDENT MEDICAL HEALTH INFORMATION

Student:	Today's Date:
School:	Student Date of Birth:
Date of last physical exam:	Physician/Clinic:
Date of last eye exam:	Eye Examiner:

EMERGENCY CONTACTS

Mother:	Father:
Mother's Home Phone:	Father's Home Phone:
Mother's Work Phone:	Father's Work Phone:
Mother's Cell Phone:	Father's Cell Phone:
Other Emergency Contact and Phone:	

Parent/Guardian Consent and Agreement for Emergencies:

As parent/legal guardian, I give consent to have my child receive first aid by school staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs.

Date: _____ Parent/Legal Guardian: _____

HISTORY OF SPECIAL HEALTH CARE NEEDS

ADHD:
AUTISM:
ALLERGIES:
ASTHMA:
DEPRESSION/ANXIETY:
DIABETES:
DISABILITIES:
HEARING:
HEART:
MOBILITY:
SEIZURES:
URINARY:
VISION:
OTHER:

Is your child taking medication? Yes No Medication(s): _____

Is medication to be administered during school? Yes No (If yes, confer with staff for instructions.)

DATE	PROBLEMS / ASSESSMENTS / INTERVENTIONS / EVALUATIONS

FAX TO SCHOOL NURSE IF SPECIAL HEALTH CARE NEEDS EXIST * TO BE KEPT CONFIDENTIAL * FOR OFFICIAL USE ONLY

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 WCS D 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 _____

Washington County School District

Student Information Questionnaire

McKinney-Vento Eligibility

Washington County School District

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 your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary arrangement due to loss of housing or economic hardship? _____ Yes _____ No

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

If you answered NO to both questions, you may stop here.

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 enrolled in schools in the Washington County School District at this time:

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

Parent signature: _____ Today's Date: _____ *Form updated 5/2/2016*

**** Office Staff ** Please make enough copies for the parent to take to the other schools within our district. Thank you! Homeless Liaison**

Kindle User Agreement

(Signing this agreement is OPTIONAL)

Hurricane Intermediate School Library

Valid for School Year 2017-2018

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 _____