

**Enrollment/Emergency Information**  
**Dayton Elementary School District #33**  
**2019-2020**

**STUDENT INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle: \_\_\_\_\_

Grade Level \_\_\_\_\_ Sex \_\_\_\_\_ Other Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Legal Last Name \_\_\_\_\_

Ethnic Code: White \_\_\_\_\_ American Indian \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_

If American Indian, name of tribe \_\_\_\_\_ Enrollment #: \_\_\_\_\_

**Optional:** Enrolled member is \_\_\_ Child \_\_\_ Child's parent \_\_\_ Child's Grandparent

My child received services by one of the following at his/her past school: \_\_\_ special education/resource

\_\_\_ Title I reading \_\_\_ Title I Math \_\_\_ Other (please specify) \_\_\_\_\_

Student resides with: \_\_\_\_\_ Student's address: \_\_\_\_\_

**PARENT INFORMATION:**

Parent's/Legal Guardian's \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address

\_\_\_\_\_

**★Physical Address**

**(required):** \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home # \_\_\_\_\_ Work #: \_\_\_\_\_ Home # \_\_\_\_\_ Work #: \_\_\_\_\_

Cell # \_\_\_\_\_ E-Mail: \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Receive Report Card: \_\_\_ Yes \_\_\_ No Receive Report Card: \_\_\_ Yes \_\_\_ No

I hereby voluntarily consent to emergency treatment and first-aid screening examinations and minor treatment as may be deemed necessary by a physician or school nurse. When unable to contact parent or personal physician, I hereby give permission to the school to authorize necessary treatment, until parent and/or physician can be notified.  
\_\_\_ Yes \_\_\_ No

Emergency Contact \_\_\_\_\_ Emergency day phone number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency day phone number \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor phone number \_\_\_\_\_

**Special Medical Conditions/Allergies:**

\_\_\_\_\_

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

**Parent or Guardian**

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**Student's Name**

**Medication Waiver:** School District policy states that medications cannot be given to students without written or verbal permission. Prescription medications are to be given to your child's classroom teacher upon arrival at school. School staff can only administer non-prescription drugs, such as Tylenol, Advil and cough syrup, if you provide it to us. Medicine must be in its original container and labeled with your child's name.

I give my permission for school staff to give the following to my child (please check all that apply):

\_\_\_\_\_ antacid (Tums, Mylanta, Maalox) \_\_\_\_\_ cough drops

\_\_\_\_\_ throat lozenges \_\_\_\_\_ non-aspirin pain relief

Please indicate any allergies or health problems your child has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDIA RELEASE:** The Trustees of Dayton Elementary School recognize the importance of protecting students' rights of privacy when school activities include or are the subject of any type of media including school video productions.

The Trustees want to ensure: 1) That Parents/Guardians are aware that students might be involved in various types of media productions, and 2) That Parents/Guardians have an opportunity to indicate their preferences with respect to their students' involvement with or exposure to inschool video productions, media visits to the school or videotapes made for broadcast on local TV stations, etc.

\_\_\_\_\_ I give permission for my child to be videotaped, photographed, interviewed and/or identified as a part of activities occurring at Dayton School.

\_\_\_\_\_ I give permission for my child to be videotaped, photographed and/or identified as a part

of in-school activities, but **NOT** as a part of media productions or interviews to be printed or

broadcast outside the school or on local TV stations, etc.

\_\_\_\_\_ I do **NOT** want my child to be videotaped, photographed, interviewed and/or identified as

a part of activities occurring at Dayton School.

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**Parent / Guardian Signature**



Dayton Elementary  
Field Trip Permission Slip  
2019 - 2020

My child / children, \_\_\_\_\_, has / have permission to attend **ALL** field trips for the 2019-2020 school year. I understand that if I wish to revoke this permission for any field trip, I must submit written notice to my child's teacher at least two school days prior to the scheduled field trip.

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

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_ does **NOT** have permission to attend ALL field trips for the 2019-2020 school year. I understand that my child is required to complete assignments at home the day of the trip, or be marked absent. If I want my child to attend any field trips, I understand that I must meet with my child's teacher to sign a new permission slip prior to the day of the trip.

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

\_\_\_\_\_  
Date

Acceptable Use of Computers

New technologies are shifting the ways that information may be accessed, communicated and transferred. Those changes may also alter instruction and student learning. Dayton School offers students access to the electronic information highway and the Internet.

Rules and Responsibilities

Students are responsible for good behavior on school computer networks just as they are in a classroom or school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply.

Internet access is provided for students to conduct research and communicate with others in relation to schoolwork. Access to the Internet is given to students who agree to act in a considerate and responsible manner. Parents may request their students not use the Internet.

The Upper West Shore School District #33 does provide a filter to screen objectionable material on the Internet from student access.

Access is a privilege, not a right. Therefore, based upon the acceptable use guidelines outlined in this document, the system administrators will deem what is inappropriate use and their decisions are final. The system administrators may close an account at any time. The administration, faculty, and staff of Dayton School may deny, revoke or suspend specific user accounts.

Individual users of computers with Internet access are responsible for their use. Their use must be in support of education and research and must be consistent with academic expectations of Dayton School. Use of other organizations' networks or computing resources must comply with the rules appropriate for those networks. Transmission of any material in violation of U.S. or state regulations, including copyrighted, threatening, or obscene materials, is prohibited. Use for commercial activities by for-profit organizations, product promotion, political lobbying, or illegal activities is strictly prohibited.

The user is expected to abide by the following rules of etiquette:

- ☞ Be polite. Do not write or send abusive messages.
- ☞ Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
- ☞ Transmission of obscene materials is prohibited. Sending or receiving offensive messages or pictures from any source will result in immediate suspension of privileges.
- ☞ Do not reveal the personal address or phone number of yourself or other students.
- ☞ Do not communicate any credit card number, bank account number, or any other financial information.
- ☞ Electronic mail is not guaranteed to be private. People who operate the system do have access to all mail. Inappropriate messages can result in suspension of privileges.
- ☞ Do not use the network in such a way that would disrupt the use of the network by other users.
- ☞ Vandalism - any malicious attempt to harm or destroy data of another user will not be tolerated. Any questionable action will result in cancellation of user privileges.

Violation of any of the above-mentioned rules and responsibilities will result in a loss of access and may result in other disciplinary or legal actions.

Policy History:

Adopted on: 2008-09

Revised on:

**INSTRUCTION**

**2315F**

**Student Agreement and Parent Permission Form**

**Internet Access User Agreement and Parent Permission Form**

After reading the Internet Use Rules and Responsibilities in Policy 2315, please complete this form to indicate that you agree with the terms and conditions outlined. The signatures of both the student and parent/guardian are mandatory before access may be granted to the Internet. This document, which incorporates the Internet Use Procedure, reflects the entire agreement and understanding of all parties.

As a user of the Upper West Shore School District #33 computer network, I have read and hereby agree to comply with the Internet Use Procedure

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

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

Student's School: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

As parent/legal guardian of the student signing above, I grant permission for my child to access networked computer services such as electronic mail and Internet. I have read and agree to this procedure, and I understand that I may be held responsible for violations by my child. I understand that some materials on the Internet may be objectionable; therefore, I agree to accept responsibility for guiding my child, and conveying to him/her appropriate standards for selecting, sharing and/or exploring information and media.

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

Parent/Guardian Name (Please Print): \_\_\_\_\_

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

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

Complete and return to your child's school. Thank you.

## Dayton After-School Program Registration

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

Gender: Male \_\_\_ Female \_\_\_ Age \_\_\_\_ DOB (mmddyyyy) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Occupation (Optional) \_\_\_\_\_

Father's work Phone: \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Occupation (Optional) \_\_\_\_\_

Mother's work Phone: \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ Occupation (Optional) \_\_\_\_\_

Guardian's work Phone: \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

**Member lives with:** Mother \_\_\_\_ Father \_\_\_\_ Grandparent \_\_\_\_ Other \_\_\_\_\_

Number in household: \_\_\_\_\_

**Local emergency contact OTHER than parent:**

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

Relationship to student \_\_\_\_\_

**School Information:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**I, the undersigned (as a parent or guardian of the participant, a minor), hereby give permission for mutual exchange of information between the 21<sup>st</sup> Century AfterSchool Program and the school regarding health and safety issues, food program status, immunization records and academic achievement.**

**Signature:** \_\_\_\_\_

**Acknowledgment and Consent: For Internal and external use, I acknowledge that the 21<sup>st</sup> Century After-School Program and/or its sponsors may utilize film, print, and digital images of a student or a family, which may be taken during involvement in the 21<sup>st</sup> Century After-School Program activities. I consent to such uses & hereby waive all rights to compensation. Initial \_\_\_\_\_**

**Transportation: I hereby give my child permission to travel on the 21<sup>st</sup> Century AfterSchool Program bus for field trips. I understand that if my child is not at the designated pickup site, the 21<sup>st</sup> Century AfterSchool Program will not be responsible for my child. Initial \_\_\_\_\_**

**Medical Information:**

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Serious Health Problems: No \_\_\_\_ Yes \_\_\_\_ If Yes, explain \_\_\_\_\_

Medications: No \_\_\_\_ Yes \_\_\_\_ If Yes, explain \_\_\_\_\_

I, the undersigned (as a parent or guardian of the participant, a minor), hereby authorize the staff of the 21<sup>st</sup> Century AfterSchool Program volunteers, coaches, trainers, supervisors, instructors and drivers as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or insuring the proper and timely medicating of their child.

**Signature:** \_\_\_\_\_



## DAYTON AFTER SCHOOL PROGRAM

As a student participating in the Dayton After School Program, I agree to the following:

### I AGREE TO BE SAFE:

1. I will stay in the area designated by my supervisor.
2. I will keep my hands to myself, respect others and myself.
3. I will follow the rules that are given for the activities.
4. I will follow rules set by the school for the playground and playground equipment.
5. I will NOT bring weapons, alcohol, tobacco, or other drugs to the After School Program.

### I AGREE TO BE RESPONSIBLE:

1. I will be responsible for my personal items and also for my actions.
2. I will be responsible and let the staff know if something needs their attention.

### I AGREE TO BE COOPERATIVE:

1. I will follow the staff's directions at all times.
2. I will show good sportsmanship and will work as a team.

### I AGREE TO BE RESPECTFUL:

1. I will be respectful to all staff and other students.
2. I will not use profanity or vulgar language or actions.
3. I will NOT destroy, vandalize, or steal at any time.

### CONSEQUENCES:

For the first violation, a warning will be given and the student will sign the warning.

For the second violation, a warning and a call home.

For the third violation, suspension for two days from the After School Program.

Thereafter, suspension for 1 week from the After School Program.

Thereafter, suspension for one month from the After School Program.

Thereafter, suspension for remainder of the school year from After School Program.

***\*\*Weapons, alcohol, tobacco, drugs, vandalizing or stealing will not be tolerated. Any of these violations will be treated under school policy guidelines.***

I, \_\_\_\_\_, agree to follow this behavior code and will accept the consequences of my actions.

\_\_\_\_\_  
Student's Signature \_\_\_\_\_ Date

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

## School-Parent Compact

Dear Parent/Guardian:

**We value your role in working to help your child achieve high academic standards. The following is an outline of some of the ways you and school staff can build and maintain a partnership to share the responsibility for supporting your child's learning.**

### *School's Responsibility:*

- Provide high quality curriculum and learning materials
- Provide you with assistance in understanding academic achievement standards and assessments and how to monitor your child's progress
- Provide opportunities for ongoing communication between you and teachers through, at a minimum:
  - annual parent-teacher conferences,
  - frequent reports regarding your child's progress, and
  - opportunities to talk with staff, volunteer in class, and observe classroom activities.

### *Parent's Responsibility:*

- Encourage your child to attend school regularly
- Encourage your child to show positive school behavior
- Review your child's homework
- Monitor television watching and encourage positive use of your child's extracurricular time
- Volunteer in your child's school and classroom if time or schedule permits
- Attend parent-teacher conferences and participate, when appropriate, in decisions relating to the education of your child.

Please review this School-Parent Compact with your child. This School-Parent Compact may be discussed with you during a parent-teacher conference as it relates to your child's school progress.

Thank you for your support and involvement in your child's education. Please contact the person listed below for more information.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please sign and date below to acknowledge that you have read and received this information and return the entire form to your child's teacher.

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

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY				
Student ID #	Student Name	Date Distributed	Faculty Name	Faculty ID #