

**Dayton Elementary School District #33**  
**Enrollment/Emergency Information**  
**2022-2023**

**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 # \_\_\_\_\_

**\* Physical Address (required):** \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

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

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

Cell # \_\_\_\_\_ EMail \_\_\_\_\_ Cell # \_\_\_\_\_ EMail \_\_\_\_\_

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 # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency day phone # \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor phone # \_\_\_\_\_

**Special Medical Conditions/Allergies:**

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

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

# imMTrax Consent Form



## imMTrax Consent Form for Children

Child's Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Date of Birth: \_\_\_\_\_

I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

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

Date: \_\_\_\_\_

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Student's Name

**Dayton Elementary**  
**Medication Waiver & Media Release**  
2022-2023

**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) Parents/Guardians are aware that students might be involved in various types of media productions.
- 2) Parents/Guardians have an opportunity to indicate their preferences with respect to their students' involvement with or exposure to in school 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

**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.

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 - and malicious attempts 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: 09-2018



**Dayton Elementary**  
**Calling Tree**  
2022-2023

**Calling Tree Procedure for Hazardous Weather, Delayed Start and Early Release Days**

Hello Families,

Generally, Carolyn Hall, Lake County Superintendent, conveys information regarding hazardous weather conditions to Dayton School between 6:30 AM and 7 AM.

You will then receive a message via Class Dojo. This message will contain details about our school day, such as a delayed start time, an early release time, or a canceled school day. Once a parent opens the message, we receive a verification. This relays to us that you have received the information.

Please let us know if you need assistance connecting with the Class Dojo APP.

Thanks for your help!

.....

**Please complete, sign and return the bottom section to school.**

I, \_\_\_\_\_, parent/guardian to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Acknowledge that I will receive emergency contact information via Class Dojo by 7 AM. I will make sure to check Class Dojo by 7 AM to determine emergency conditions at the school.
- I prefer to receive a telephone call if there is a late start, early release or canceled school day.

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

Dayton Elementary  
**Field Trip Permission Slip**  
2022-2023

My child / children, \_\_\_\_\_, has / have permission to attend **ALL** field trips for the 2022-2023 school year. I understand that if I wish to revoke this permission for any field trip, I must submit a written notice to my child's teacher at least two school days prior to the scheduled field trip.

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

\_\_\_\_\_  
Date

**OR**

My child / children, \_\_\_\_\_, does/do **NOT** have permission to attend ALL field trips for the 2022-2023 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



**Confederated Salish and Kootenai Tribes  
Johnson O'Malley Program  
Indian Certification Form**



**I. School Information**

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Address: \_\_\_\_\_

**II. Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_  
Enrollment Number: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

**III. Parental Information**

**Mother:** \_\_\_ Indian \_\_\_ Non-Indian  
**Father:** \_\_\_ Indian \_\_\_ Non-Indian

A) Fathers Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_  
Enrollment Number: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

B) Mothers Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_  
Enrollment Number: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

C) Parental Status: Please check (✓) **all** boxes that apply to the custody and residence of the child.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Natural Parent | <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Legal Guardian         |
| <input type="checkbox"/> Adoptive       | <input type="checkbox"/> Foster              | <input type="checkbox"/> Other (Please explain) |
- \_\_\_\_\_

**RELEASE OF INFORMATION:** I authorize the Confederated Salish and Kootenai Tribes and their designated representative to obtain my child's and/ or my own tribal membership and/or blood quantum to determine eligibility for services. I also authorize the **School District to release relevant JOM information to the Confederated Salish and Kootenai Tribes.**

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**IV. Verification Information**

(A) The above named student and/or parent(s) meets the eligibility criteria as determined by the Bureau of Indian Affairs. I hereby certify that this student is a member of or is **at least one fourth (1/4) degree** Indian blood of a Federally recognized American Indian tribe. This determines eligibility for the special programs and services provided through the Bureau of Indian Affairs. **(Attach a copy of student and/or parent Certificate of Indian Blood)**

Signature of Authorized Tribal Official: \_\_\_\_\_  
Date: \_\_\_\_\_

(B) The above named student does NOT meet the eligibility criteria for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_

Once you have completed and filled out this form mail it back to: **Confederated Salish and Kootenai Tribes  
Tribal Education Department  
PO Box 278  
Pablo, MT 59855**

**RETURN TO SCHOOL SECRETARY** OR

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant 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. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one): \_\_\_child \_\_\_child's parent \_\_\_child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335