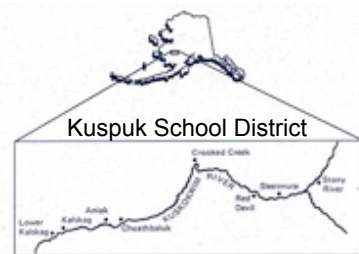


Enrollment Form

2012 / 2013 School Year

This information is required by Alaska State Law.

Parents / Students Please fill out this form completely.



**Please Provide a Copy of
the Child's Birth Certificate
and
updated Immunizations.**

Student Full Name: _____, _____, _____
First Middle Last

Other Name: _____ Grade: _____
Optional

Date of Birth ____ / ____ / ____ Soc.Sec. #: _____

Place of Birth (City & State): _____ Gender: _____

School Name: _____

Racial/Ethnic Group ☒ (Check one):
☐ White(Caucasian) ☐ Black(not Hispanic) ☐ Hispanic
☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Alaska Native ☐ American Indian ☐ Multi Ethnic

Male Guardian	<p>◆ Male Parent/Legal Guardian: _____ Relationship to Child: _____ <i>First Last</i></p> <p><input checked="" type="checkbox"/> (Check one): Child resides with? <input type="checkbox"/> Y <input type="checkbox"/> N Address (Street or P.O., Village, State): _____</p> <p>Work Phone: _____ Home Phone: _____ email address _____</p>
	<p>◆ Female Parent/Legal Guardian: _____ Relationship to Child: _____ <i>First Last</i></p> <p><input checked="" type="checkbox"/> (Check one): Child resides with? <input type="checkbox"/> Y <input type="checkbox"/> N Address (Street or P.O., Village, State): _____</p> <p>Work Phone: _____ Home Phone: _____ email address _____</p>
Other Guardian	<p>◆ Adult that student lives with (if not Parent/Guardian): _____ Relationship to Child: _____ <i>First Last</i></p> <p>Address (Street or P.O., Village, State): _____</p> <p>Work Phone: _____ Home Phone: _____ email address _____</p>
Emergency	<p>◆ Concerned Adult to be notified in case of an emergency(other than above): _____ <i>First Last</i></p> <p>Work Phone: _____ Home Phone: _____ Relationship to Student: _____</p> <p>What conditions, if any, does the student have that would affect emergency treatment (such as an allergy, diabetes, or epilepsy)? _____</p>
Medical	<p>Student's Doctor: _____ Address: _____ Phone Number: _____</p> <p>Hospital Preference: _____</p> <p>In case of emergency should medical treatment be limited due to students religion? <input checked="" type="checkbox"/> (check one) <input type="checkbox"/> Y <input type="checkbox"/> N</p>

Name of Last School Attended: _____ Address: _____

Parent or Guardian Signature: X _____

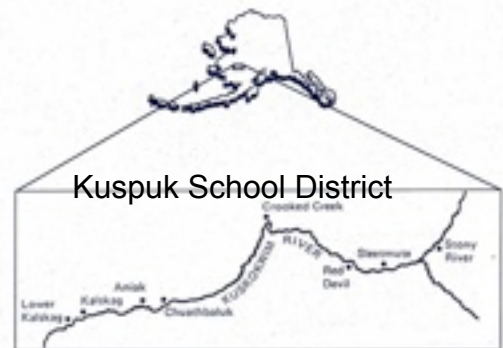
In accordance with Board Policy BP 5125, parents are given annual notice that they have the right to inspect their child's education records - please contact your local school if you would like to review your child's records.

<p>Date of Entry ____ / ____ / ____ Type of Entry _____ School Previously Attended: _____ AKSID _____</p> <p>Date of Exit ____ / ____ / ____ Type of Exit _____</p> <p><input checked="" type="checkbox"/> Copy of Birth Certificate in cum file - Yes _____ No _____</p> <p><input checked="" type="checkbox"/> Copy of updated immunizations in file in office - Yes _____ No _____</p> <p><input checked="" type="checkbox"/> Copy of transfer records on file in cum file - Yes _____ No _____ Number of Credits Transferred in _____</p>	<p>Section to be Completed in the office</p>
---	---

Completed Original Form with signatures to be filed in Students Cumulative Record Folder. Copy to be sent to district office by scan or fax.

Acceptable Technology Use Agreement for Students

2012 / 2013 School Year



General

- Follow school rules and copyright laws while using technology.
- Treat equipment gently. Be mindful of resources (bandwidth, printing, etc)
- Kuspuk computers are carefully configured. Do not modify without permission.

Internet Content & Internet Safety

- Use online resources / e-mail for educational purposes, especially during school day.
- Use safe, educationally appropriate web resources. Example: No social networking sites during the school day.
- Do not give out personal information about yourself or others online -- last name, address, phone number, social security number, and birthday. Sharing personal information is acceptable only on an internal site (Intranet), making the information viewable within Kuspuk only.
- Refrain from downloading, sending or displaying offensive, threatening, explicit, or otherwise harmful materials. (Staff members can request disabling of filter for bona fide research.)
- Internet content filtering is in place to protect students. Please understand, however, that a very small number of inappropriate website may slip through the filter, as websites change daily.

Communications & Privacy

- Be polite in all communications
- Use only assigned Kuspuk e-mail account (no other e-mail accounts) in school.
- Chat rooms / Instant Messaging are to be used only for specific educational purposes
- Use only files and accounts that belong to you. Do not trespass into others' files or accounts.
- You are using school property and the school network. Be aware that all computer use (including e-mail and Internet use) is monitored by staff and is not private.

Cell Phones

- Please refer to Board Policy, which currently states that students are not to use cell phones during school hours.

Technology Integration Goals: Engage students in project-based learning; increase graduation rate and HSGQE proficiency; increase standards-based demonstrations of excellence.

Laptop Program participants:

- Keep your laptop safe. Follow staff directions regarding proper care.
- Report any damage within 24-hours. Laptop will periodically be inspected.
- Laptop privileges can be maintained by caring for the laptop and following policies.
- There is a annual \$20 user fee to support the laptop program.
- You will be charged for damaged equipment, with option of community service. Cases will be heard by a Review Committee of staff and students.

____ Parent/Guardian: Please initial in blank if you do NOT want your child to take the laptop home.

I understand and will abide by the guidelines outlined in this Acceptable Use Agreement. I understand that any violation of this agreement will result in disciplinary action.

Student Name _____ Signature _____ Date _____

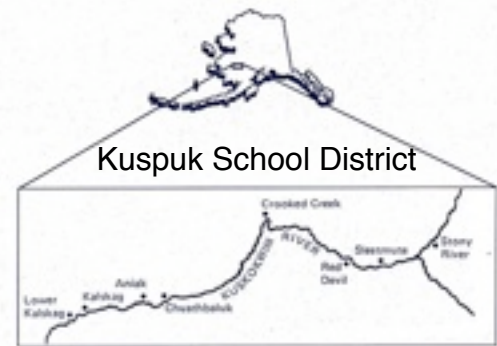
Parent/Guardian Name _____ Signature _____ Date _____

Media Release Form for the Internet and other District Publications

2012 / 2013 School Year

The Kuspuk School District is pleased to feature students on our website at <http://www.kuspuk.org> , on the individual school websites, and also in the District newsletter.

We would like to be sure that we have parental permission to use students' photos, names, and/or work on our website and in our newsletter.



Student Name(s): _____

☒ Please indicate your wishes with your response below.

(check one) _____ *I agree to the terms below*

_____ *I do not agree to the terms below*

My child's photo may be used on the district/school website, the district newsletter, or other publications pertaining to Kuspuk School District programs and partnership programs.

My child's name may be used on the district/school website, the district newsletter or other publications pertaining to Kuspuk School District programs and partnership programs.

My child's work may be used on the district/school website, the district newsletter, or other publications pertaining to Kuspuk School District programs and partnership programs.

This form will remain with your child's record. If at any time, you would like to change your response, please contact your school principal. Thank you.

Signature (Parent or Legal Guardian): X _____ Date: _____

Health Services Permission Form

2012 / 2013 School Year

TO: Parents/Guardians
FROM: School Secretary
RE: Health Services Permission Form



Student's Name: _____

Student's Birthdate:

During the school year, various health agencies offer services to our students. The following list covers some of the procedures which will be available. Please indicate which services you would like for your child. If you mark the (NO) column, we will not include your child in the group of students who are served. By marking the (YES) column, you are giving permission for your child to participate in the health activity.

If you do not return this form to the school office, your child will not be able to receive services when they are offered through the school. Please fill out this form even if you do not want your child to receive any services so that we may have a record of your wishes in your child's file.

	<u>YES</u>	<u>NO</u>
• GENERAL HEALTH CHECK (HEIGHT, WEIGHT, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>
• FLUORIDE TREATMENT	<input type="checkbox"/>	<input type="checkbox"/>
• VISION SCREENING	<input type="checkbox"/>	<input type="checkbox"/>
• HEARING SCREENING	<input type="checkbox"/>	<input type="checkbox"/>
• TUBERCULOSIS TEST (Required by State) FINGER STICK HEMOGLOBIN	<input type="checkbox"/>	<input type="checkbox"/>
• AASA PHYSICAL (Required for extracurricular sports)	<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the services above to be offered to my child.

Parent/Guardian Signature: _____ Date: _____

(It is required by state for you child to be immunized before they can attend school. If you like the school can obtain these records directly from the clinic with your permission.)



YUKON-KUSKOKWIM HEALTH CORPORATION

Authorization To Release Patient Health Information

Health Information Services Dept.
P.O. Box 287, Suite 3016 • Bethel, Alaska 99559
Phone: 907-543-6388 • Fax: 907-543-6417

Release to: Kuspuk School Organization: Kuspuk School District
(Name of Person) or (Position Title)

Address: _____ City: _____ State: _____ Zip: _____

Purpose for Release: School Required Immunization Record

TYPE OF INFORMATION AUTHORIZED TO BE RELEASED: (initial all that may apply) (Separate records may be kept in each department)

☐ Medical* ☐ Laboratory ☐ Radiology (X-ray) ☐ FIT (Family, Infant, Toddler)
☐ Dental ☐ Optometry (Eye) ☒ Immunizations ☐ WIC (Woman, Infant, Children)
☐ DD/Home Care Services ☐ Other: _____

*Certain types of records may not be released using this form, which include: Psychotherapy Notes, Sequestered records, Behavioral Health, Alcohol and Drug, HIV/AIDS, Sexual Assault, and other types of records that may be protected by law.

AMOUNT OF INFORMATION AUTHORIZED TO BE RELEASED:

☐ Health Summary ☐ Entire Record ☐ Specific Dates: From: ___/___/___ To: ___/___/___
☐ Incident Specific (describe incident) Date: From: ___/___/___ To: ___/___/___
☒ Other (specify) Immunization Record Date: From: ___/___/___ To: ___/___/___

I hereby ☐ authorize ☐ deny, the release of updated information listed above during the dates listed below or until the ascertainable event is met.

DURATION OF AUTHORIZATION (initial only one)

☒ This Written Authorization shall expire upon completion of the request.
☐ This Written Authorization shall remain valid only during the dates listed and shall expire immediately afterward. From: ___/___/___ To: ___/___/___
☐ This Written Authorization shall remain valid until an ascertainable event has been met.
Ascertainable Event*: _____

This authorization may be revoked in writing at any time by notifying the Health Information Services Department (see address above). The revocation is valid except to the extent that the program, which is to make the disclosure, has already taken action.

*Information may have an extended and/or infinite time, but must so be stated as the ascertainable event.

I am hereby authorizing YKHC to release the identified information above to the individual and/or organization listed above. I understand that I may refuse to sign this authorization. I am not required to sign this authorization in order to receive treatment, payment, enrollment or eligibility for benefits. I understand that a copy of this authorization must be provided to me upon completion of the request.

_____/_____/_____
Date Print Patient Name Signature of Patient Signature Parent/Legal Representative

Phone/Contact #: _____ (Additional information may be needed for proper identification.)
Relationship to patient

This authorization is valid only for the information identified above and to be released only for the purpose stated above and may not be used by the recipient for any other purpose. An expired, deficient, or falsified authorization of disclosure is prohibited under 45 CFR 164.508(b)(2)(i-iv).

ONCE THE OFFICE DISCLOSES HEALTH INFORMATION, PRIVACY LAWS MAY NO LONGER PROTECT IT. THE PERSON OR ORGANIZATION RECEIVING THE INFORMATION MAY BE AUTHORIZED TO RE-DISCLOSE IT WITHOUT PATIENT AUTHORIZATION.

*** DO NOT COMPLETE BELOW THIS LINE. FOR OFFICE USE ONLY ***

PATIENT INFORMATION

Acct. #: _____
HR#: _____ DOB: ___/___/___
Name: _____
Residence: _____ Facility: _____
Date of Service: _____

FOR OFFICE USE ONLY

After hours release:
Person releasing information: _____
Date Released: _____

Guidelines for Parents and Teachers

When can a child return to school after the following illnesses?

- ACTIVE TB - One week after treatment is started, provided child is taking medications daily or bi-weekly as prescribed
- BAD COLD - When fever is down for 24 hours and major coughing and runny nose is resolved
- CHICKEN POX -When all pox are dry and crusted
- DIARRHEA AND/OR VOMITING - When diarrhea or vomiting have stopped and there is no fever
- EAR ACHE -Ear infections are not contagious and do not require absence from school unless the child has a fever
- HEAD LICE (Pediculosis)- May return 24 hours after household has been treated; including shampoos, combing to remove nits, laundering clothes and sheets with hot (131 F) water or freezing bagged clothes and sheets for 48 hours
- HEPATITIS A - May return one week after jaundice (yellow eyes and skin) has resolved (child is non-infectious)
- IMPETIGO AND BOILS - When drainage is resolved and scabs are dry and under the care of a Health Care Provider
- PIN WORMS- Child may be in school but stress good handwashing
- PINK EYE (Conjunctivitis) - When treatment has begun and there is no drainage; stress good handwashing
- PNEUMONIA - When child feels well enough and has been without a fever for 24 hours
- SCABIES - May return 24 hours after treatment, good showers and laundering of clothes and linen
- STREP THROAT - 24 to 48 hours after treatment with a shot, or 24 to 48 hours after starting antibiotics by mouth
- **FEVER - Temperature of 100.5 degrees orally or 101.5 degrees rectally.**

At all times, stress good handwashing after toileting and before eating. Children with fevers should not be in school, and it is best to keep any child who has had a fever at home and quiet for 24 hours.

Provided by the Aniak Sub-Regional Clinic

*adapted from a handout by the
State of Alaska
Department of Health and Social Services
Bethel Itinerant Nursing Service
Bethel State Health Center*

RELEASE OF STUDENT DIRECTORY INFORMATION AUTHORIZATION

2012 / 2013 School Year

The Kuspuk School District has adopted a policy designed to assure parents and students the full implementation, protection and enjoyment of their rights under the Family Educational Rights and Privacy Act of 1974. A copy of the school district's policy is available for review in the office of the principal of all of our schools.

This law allows the School District to designate as "directory information" any personally identifiable information in a student's educational records that would not generally be considered harmful or an invasion of privacy if disclosed. School officials may release directory information about a student without first obtaining parental consent, unless you object by returning this form. In addition, upon their request, military recruiters and institutions of higher learning will have access to secondary students' names, addresses, and telephone listings, unless you object by returning this form.

The school district has designated the following information as directory information: student's name, address, telephone number, electronic mail address, photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, grade level, enrollment status, degrees and awards received, and most recent previous school attended.

You have the right to refuse the designation of any or all of the categories of personally identifiable information as directory information with respect to your student provided that you notify the school district in writing not later than **September 15 2012**. If you object to disclosure of some or all of this information, please complete and return the slip attached to this notice.

DETACH AND RETURN THIS FORM

Kuspuk School District



PLEASE CHECK THE APPROPRIATE BOXES BELOW.

_____ I **DO NOT** wish to have my student's name, address, or phone number listed in the student directory information. (Please Sign Below)

_____ I **DO NOT** wish to have my student's name, address, phone numbers given to postsecondary educational institutions and military recruiters without my written consent. (Please Sign Below)

Student Name: _____

Date of Birth: _____

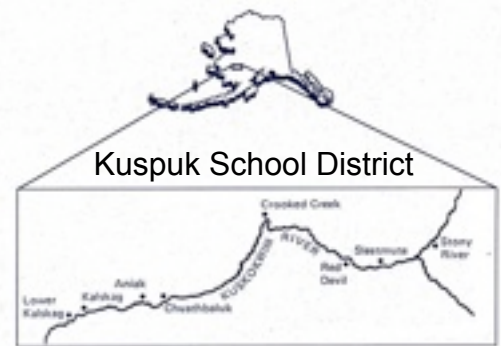
School: _____

Grade: _____

(Signature of Parent/Legal Guardian/Custodian of Child)

*This form must be returned to the school no later than 5 days after the student first attends school for the year.
If this form is not submitted or returned blank, student information will not be withheld.*

Completed original form to be kept in office (Not in Cumulative Folder). Send copy to district office.

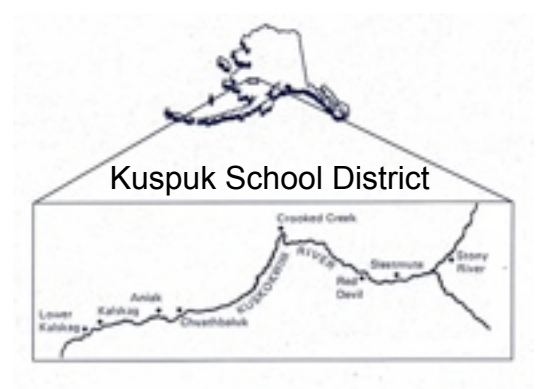


Income Survey for Title I & E-rate

2012 / 2013 School Year

Dear Parent,

The following information is needed by our school. This information will be used for the e-rate program to determine our school discount for telephone and Internet. It is also needed to meet federal and state laws for Title I and may be used to qualify for additional grants. (This table is from the Alaska Income Eligibility Guidelines for Free and Reduced Meals.)



Please check the row that best describes your family's annual income level. ☒ (Check one)

Yearly Income

	\$25,845 or less
	\$25,845 - \$35,001
	\$35,002 - \$44,159
	\$44,160 - \$53,316
	\$53,317 - \$62,474
	\$62,475 - \$71,631
	\$71,632 - \$80,789
	\$80,790 - \$89,946
	\$89,947 - \$99,104
	\$99,105 or more

Number of people in your household _____

Address: _____

Children enrolled in school (please include all children in schools in the district)

Name	Grade	School

This information is confidential and individual family data will not be reported.

THANK YOU

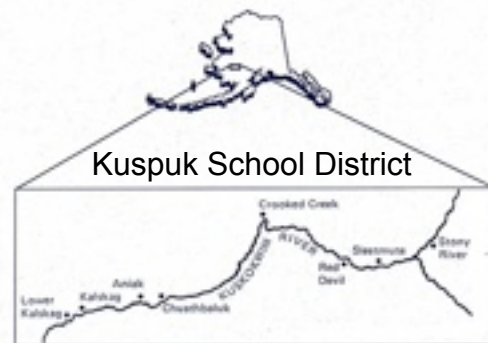
Migrant Education Questionnaire

2012 / 2013 School Year

Kuspuk School District is involved in the Federal Government Funded **Migrant Education Program**. Throughout the school year, we continue to seek Migrant Children.

Your child(ren) can greatly benefit from this program. Past activities have included summer literacy materials for students/parents, plus additional funds for your school for literacy programs throughout the school year.

Please take a few minutes to state YES or NO to the following questions:



ELIGIBILITY REQUIREMENTS

- 1) Did your child(ren) travel with either: you, another guardian, or on their own outside of the Kuspuk School District Boundary to do either commercial/subsistence fishing, berry picking, or for employment with a commercial logging company within the past three years? *(The school district boundary is approximately 20 river miles below Kalskag and 25 river miles above Stony River.)*

☐ Yes ☐ No *(If you answered NO, stop, if you answered YES, go on to the next question)*

- 2) Did any **other** children who are **not** enrolled in the Kuspuk school district assist with summer fishing or berry picking activities?

☐ Yes ☐ No (If yes, who _____)

(If you answered NO, stop, if you answered YES, go on to the next question)

- 3) While fishing or berry picking, were your child(ren) gone from home for at least **1 night and 2 days**?

☐ Yes ☐ No *(If you answered NO, stop, if you answered YES, go on to the next question)*

- 4) Is the fishing or berry picking considered to be a **regular pattern** in your life-style and **necessary for your livelihood**?

☐ Yes ☐ No

If you answered YES to ALL of the questions above, your child(ren) MAY qualify for the Migrant Education Program. Patty Hoffman, Migrant Ed, Recruiter will be calling you for additional information.

If you are not sure about our School District boundaries or have any other questions, please feel free to call Patty Hoffman or Cheryl Jerabek at 675-4250. If you Answered **YES** to the above Questions, Please list all children that live in your household (including infants through age 22):

Parent or Guardian: _____ **Phone #** _____

Please have your child return this questionnaire to their school. You only need to do one per household. Thank you!