

## Student Handbook Contract & Student Information Release Form

(Required each School Year)

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Grade

### **Handbook Contract (Required)**

By signing, WE signify, as a student AND as parents/guardians, that we have read the Handbook and understand the information it contains and understand the school district's acceptable use policy for technology.

### **Student Information Release**

I understand that certain personally identifiable information about my student is considered directory information and is generally not considered harmful or an invasion of privacy if released to the public. Directory information includes, but is not limited to: the student's name, address, telephone listing, photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of member's on athletic teams, dates of attendance, degrees and awards received and the most recent previous educational agency or institution attended.

\_\_\_\_\_ If initialed here, I do not give permission to the administration of Sisters High School and its agents to use sound, video, or photographic images of my child for news releases, promotional brochures, or other school-related productions, sporting events or activities.

### **Internet and Electronic Mail Contract**

In accordance with the Internet and Electronic Mail policies of the Sisters School District and the policies described in this handbook, I give permission for my child to have access to the school's network, which includes electronic mail (email), School Loop, and the Internet. I accept responsibility for my child's proper use of these electronic informational resources during the course of my child's enrollment in Sisters High School. A parent may rescind this privilege at any time during the students' high school career by written notification.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

## Disclosure of Student Information to Military Recruiters

Sisters High School is required by federal law to provide the names, addresses and phone numbers of secondary students to military recruiters when that information is requested unless the student's parent or guardian has advised the district that they do not want this information released.

If you do not want Sisters High School to disclose student information to the military, you must notify the District in writing by returning this signed form to your child's school by September 30, 2018. This request is valid for one school year.

**I do not wish student information about my child released to military recruiters.**

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date

These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the No Child Left Behind Act of 2001 (P.L. 107-110), the education bill, and 10 U.S.C. 503 as amended by section 544, the National Defense Authorization Act for Fiscal Year 2002 (P.L. 107-107), the legislation that provides funding for the Nation's armed forces.

**SISTERS SCHOOL DISTRICT STUDENT HEALTH FORM**  
(Required each School Year)

Re: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Student Name/Grade) (Birthdate)

Parent/Guardian: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
PRINT

My child ***does not*** have any current medical concerns \_\_\_\_\_  
(Signature)

My child has the following medical concern(s) (please check all that apply)

- ADD/ADHD
- Asthma
- Bleeding Disorder (specify) \_\_\_\_\_
- Cardiac Condition (specify) \_\_\_\_\_
- Diabetes Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_
- Eating Disorder (specify) \_\_\_\_\_
- Eye/Ear Problem (specify) \_\_\_\_\_
- Food Allergies (specify) \_\_\_\_\_
- Insect Allergy (specify) \_\_\_\_\_
- Medication Allergy (specify) \_\_\_\_\_
- Muscle/Bone/Joint Problem (specify) \_\_\_\_\_
- Recurrent Headaches \_\_\_\_\_
- Seasonal/Environmental Allergies \_\_\_\_\_
- Seizures (specify what kind) \_\_\_\_\_
- Surgery (specify and indicate date) \_\_\_\_\_
- Other (specify) \_\_\_\_\_
- My child is taking medication at home (prescription, over-the-counter, daily or as needed) (specify): \_\_\_\_\_
- My child will need medication during school hours: Inhaler/Epi-Pen/Other (specify): \_\_\_\_\_

Nurse's  
Notes

**(Students who require an Epi-Pen will bring dose to office and have an emergency protocol on file)**

If your child ***does*** have a medical concern, the nurse will contact you to obtain more information and to plan for the upcoming school year. +++ **If any changes occur or a new condition is diagnosed during the school year, I, the parent/guardian, will notify the school nurse of the new status by providing a new student health concern form. Overnight trips will require additional forms.**  
Insurance Provider \_\_\_\_\_

In the case of an emergency, I ***give / do not give*** (CIRCLE ONE) permission for my child to be transported to the nearest facility and for their staff to provide the necessary treatment until I arrive.

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

Release of Confidential Information: For your child's safety and well-being while at school and on field trips, it may be beneficial for appropriate school personnel to be informed of any medical conditions included on this medical authorization form. Please be assured that staff will keep this information confidential. If you do not want medical information shared, please indicate to the school in writing on this form.

**SISTERS SCHOOL DISTRICT (OPTIONAL)**  
**SELF MEDICATION CONTRACT BETWEEN STUDENT, PARENT AND SCHOOL**

Student contract for self-administration for asthma inhaler or other medication:

1. Student has demonstrated to the nurse correct use of medication.
2. Student agrees to never share the medication with another person, or to misrepresent medication to other students.
3. Student will bring only one day's dose of medication to school each day, unless prior arrangement with nurse and parent has been made.
4. Student may be subject to discipline, up to and including expulsion, as appropriate if the Board's policy or regulations regarding self-administration of medication is violated.
5. In the case of asthma inhalers, the student agrees that after two puffs, if there is not marked improvement, he/she will go to see the nurse immediately.

Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_

**Parent Permission:**

I give permission for my child to carry the medication described below. This medication is to be used for the treatment listed below and is to be given to allow the student to remain in school. I understand that he/she must follow the rules listed above. I will notify the school of changes in medications or my child's condition. I understand that according to school policy, permission to self-medicate may be revoked if the student violates that Board's policy or regulations governing administering medicines to students. In addition, students may be subject to discipline, up to and including expulsion, as appropriate. Student in grades 9 through 12 only may carry medications other than asthma inhalers.

NAME OF MEDICATION	DOSE/ROUTE	FREQUENCY OF USE	CONDITION FOR WHICH MEDICATION IS USED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Parent Name: \_\_\_\_\_

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

Nurse Signature: \_\_\_\_\_

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

**SISTERS SCHOOL DISTRICT DEVICE PROTECTION PLAN**

Devices are on loan to students and remain the property of the Sisters School District. Sisters School District will incur the repair cost for damaged equipment resulting from normal use or equipment malfunction. Costs for all other damage, loss, or theft—whether intentional or accidental—will be the responsibility of the student.

Sisters School District offers an optional and inexpensive annual protection plan for parents/guardians to lessen the financial burden should an incident occur. If a family chooses not to enroll in the chromebook Protection Plan, you will be financially responsible for the full repair or replacement cost of the device.

Fees are annual and non-refundable.

\$20 – base Protection Plan fee

\$10 – Protection Plan fee for families qualifying for free or reduced meal prices

Students enrolling in the district after the start of 2nd semester will receive a 50% discount on the annual Protection Plan fee. Families with multiple children will only be required to pay two protection plan fees to cover all district devices within the family.  
Coverage and Benefit.

The following benefits are afforded under the protection plan. Sisters School District staff reserve the right to determine the cause of damage or loss and may adjust or escalate the fees if gross negligence is determined.

Repair/Replacement Fee	First Claim	Second Claim	All Other
Accidental Damage	None	50% of cost	Full cost of repair
Theft (with police report)	None	50% of cost	Full cost to replace
Loss or damage due to negligence	50% of cost	Full cost to replace	Full cost to replace

I will purchase device protection. Amount owed \_\_\_\_\_

I am not purchasing protection and agree to cover all device repairs and losses.

**CHROMEBOOK STUDENT AND PARENT CONTRACT**

My child and I have read, discussed and agree to the responsibilities and expectations outlined in Chromebook Student and Parent 1:1 Handbook, as well as the Sisters School District Student and Parent Handbook and Sisters School District Code of Conduct in regards to cyberbullying (JFCFA/GBNAA) and Electronic Communications System (IIBGA) and IIBGA-AR).

Student Name (print): \_\_\_\_\_ ID#: \_\_\_\_\_

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

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