

USD 269 – DAMAR ELEMENTARY SCHOOL
Enrollment Information 2023 – 2024

Student's Name: _____ Grade: _____

Age: _____ Birth Date: _____ Soc. Sec #: _____

M ____ F ____ Are you Hispanic/Latino or of Spanish origin? YES or NO

Select one or more races from the following racial groups:

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White

Parent's/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Mailing Address (if Different): _____

Phone: _____ Cell #'s _____

(Mother) (Father)

Email Address _____ Ride Bus: YES or NO (Circle one)

Does your child have any health problems or physical limitations that the school staff should be aware of?

If so please explain:

Does your child have any allergies? _____ If yes, what are they?

Emergency Contact Information

Contact Father/Guardian at _____
(Employment) (Phone)

Contact Mother/Guardian at _____
(Employment) (Phone)

***Alternate Contact Person _____
(Name) (Phone)

(Name) (Phone)

If your family doctor is not from Plainville and you cannot be reached, may the school take your child to the Plainville hospital or doctor's office for emergency treatment? Yes ____ No ____

If your answer is NO to the above question, please explain how you want to provide emergency medical care for your child. _____

Parent/Guardian Signature _____ Date: _____

INTERNET PHOTO & NAME RELEASE

To enhance our website and our facebook page, we would like to include photos with names of our students participating in various school activities. In order to include photos with names, we need a signed Internet Photo Release Form from each parent.

INTERNET PHOTO/NAME RELEASE

Please check your following preference.

Include photo
without name

Include photo
with name

No photo on
page

Child's Name

Parent/Guardian Signature

Date

USD 269

Grades K – 12

Computer & Internet Permission Form

Student's Name

Grade

Computer and Internet

See Student Handbook for guidelines and conditions.

Student's Agreement

____ I understand and will abide by the district guidelines and conditions for the use of USD 269 computers and access the internet. I further understand any violation of the district guidelines is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges will be revoked. School disciplinary action and/or appropriate legal action shall/may be taken.

Parent's Agreement

____ I agree my child will abide by the district guidelines and conditions for the use of USD 269 computers and access the internet. I further understand any violation of the district guidelines is unethical and may constitute a criminal offense. Should my child commit any violation, his/her access privileges will be revoked. School disciplinary action and/or appropriate legal action shall/may be taken.

I agree not to hold USD 269 or any of its employees or any institutions or networks providing access to networks responsible for the performance of the system or the content or costs or any material accessed through it.

As a parent or guardian of this student, I have read the terms and conditions for USD 269 computer and internet access. I understand that this free access is designed for educational purposes. However, I also recognize that it is impossible to restrict access to all controversial materials and I will not hold USD 269 responsible for materials acquired or sent via the network.

____ I do not give my student permission to use USD 269 computers or access to the internet.

Student Signature

Parent/Guardian Signature

Date

DISTRICT STUDENT INSURANCE

1. STUDENT INSURANCE

Covers all students PK – 12 during extra curricular events and during school hours. This policy covers up to \$25,000.00 per jury. If student has personal insurance coverage, your policy will be requested to pay first. Student Insurance will cover the remaining portion up to the maximum benefit if all forms are filed correctly.

Claim form must be filed with Student Insurance within 30 days following the injury.

2. REGULAR KSHSAA INSURANCE

This policy provides coverage for students/athletes (grades 7-12) injured while participating in, practicing for or traveling (as defined in the policy) to/from activities/interscholastic athletics under the jurisdiction of KSHSAA. Mutual of Omaha provides this coverage to KSHSAA.

- 1) Lifetime excess medical, dental, and rehabilitative expense benefit pays reasonable and customary covered expense, up to \$5,000,000 (scheduled benefits for certain services/treatment) with a lifetime benefit period. There is a \$25,000 deductible with a 3 year loss establishment period.
- 2) \$10,000 accidental death and dismemberment benefit.
- 3) \$10,000 heart or circulatory malfunction loss of life benefit.
- 4) \$500,000 catastrophic cash benefit, for coma or paralysis resulting from a covered accident.

3. OPTIONAL EXTENDED CATASTROPHIC INSURANCE

This coverage extends to all (K-12) students (non-KSHSAA) participating in school activities excluding gym class, field trips, and intramurals. Also certain classroom accidents (not involving classroom negligence) are covered from \$10,000 to \$2,000,000 in medical benefits.

All claims must be filed within 30 days from the date of injury.

I hereby state that I have read the forgoing statement regarding school insurance coverage.

Parent/Guardian's Signature

Date

Student's Name

Grade

Health Screenings - Grades PK-12

During the school year, the health nurse will schedule health screenings. Those screenings include: vision, hearing and a dental screening.

Please place an (X) by the screenings in which you **do not** want your child to participate.

_____ Hearing Screening

Dental screening completed by First Care.

_____ Vision Screening

Human Sexuality Education - Grades 4-6

As part of your child's education, we offer information on puberty and human sexuality. At the 4th grade level, this information will be provided to the female students by the health nurse. She will meet with the students as a group in her office.

At the 5th & 6th grade level, this information will be provided to the female students as a group and the male students as a group. The health nurse will provide the instruction to the two separate groups.

If your preference is for your child to "opt-out" of the puberty and human sexuality education, please indicate your preference below. By so doing, your child will attend study hall and will not attend class sessions which are identified as addressing puberty and human sexuality.

_____ I do not grant permission for my child to participate in the puberty and human sexuality education.

_____ I do grant permission for my child to participate in the puberty and human sexuality education.

Parent/Guardian Signature

Date