

48.10.12

USD #269 – PALCO Jr./Sr. HIGH 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. _____

Transportation Permission Form

Permission has been granted for _____ to ride with his/her parents/guardian from a school activity. Parents must notify the coach/sponsor in person (& sign student out) before leaving activity with their child. (Students can only be released to parents/guardian.)

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

USD 269

ATHLETIC RESPONSIBILITY ACKNOWLEDGEMENT – 2023-2024

Athlete's Name (please print): _____

Prior to participating in any practice or tryout sessions for any interscholastic sport, each, athlete must:

1. Successfully pass the KSHSAA pre-participation physical examination. A copy must be on file in the school office. One current physical examination per year is sufficient for all sports during the year.
2. Read and sign the KSHSAA Concussion & Head Injury information and Release Form. Must be on file in the school office.

As a student of USD 269, Participating voluntarily in interscholastic athletics, I understand that:

1. I will remain a "Student in Good Standings" as described by KSHSAA and will abide by the schools' handbook policies and coaches' team rules.
2. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the end of the season, and will pay the current replacement cost for any equipment not accounted for by me at the end of the season.
3. I will meet the eligibility requirements as established by KSHSAA and USD 269.
4. I will not use or be in possession of tobacco, alcohol or narcotics. If I do use any of these substances, am in possession of such substances, or am suspended from school for use of these substances, I will be subject to disciplinary actions as outlined by the coach of the sport or activity.
5. I acknowledge that I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures, and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.
6. I, along with my parents, certify that I have read and understand all of the USD 269 Athletic Policies and in order to be eligible for participation, I must comply with all requirements listed.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please circle which activity/activities the student plans to participate in.

Football Volleyball Cross Country Basketball Track

Cheerleading Weightlifting

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

Dear Guardian:

Our school will soon be administering the *Kansas Communities That Care Student Survey**. This survey is taken by 6th, 8th, 10th and 12th grade students statewide. I believe this survey is a valuable tool to help us understand how students behave, think and feel about alcohol, marijuana and other drug use, bullying and school safety. The KCTC survey measures teen substance use, delinquency, and related problem behaviors in schools and communities. The survey gives us insight into the problems students face and shows what we can do to help them succeed. The information is important for planning effective prevention programs in our school and community, and the survey provides data to assist in applying for grant funding.

The survey can be viewed at www.kctcdata.org/families. (Click **View the survey**.) You may also be interested to know the following:

1. **It is completely anonymous.** Students will not be asked for their names on the questionnaire, nor will anyone be able to connect any individual student with his/her responses. School staff will not see any one student's responses, but only summaries of results.
2. **Participation is entirely voluntary.** Your child may decline to participate in the survey or may simply skip any question they do not wish to answer.
3. **Annual participation is important.** Even if your child has participated in previous surveys, annual data is extremely helpful in determining the effectiveness of previous efforts and changes in program areas.

I hope you will allow your child to participate. Please [click here to view your copy of the Guardian Informed Consent](#) or visit <https://kctcdata.org/file/guardian-survey-informed-consent-english-pdf>. Please check the appropriate box below. **All guardians must sign and return this form to school by August 22, 2023.** To learn more about which survey questions our school district will administer to students, please feel free to contact me. Thank you in advance for your cooperation.

Sincerely,

PRINCIPAL

Please check one:

- Yes, I give permission** for my child to participate in the *Kansas Communities That Care Student Survey*.
- No, I do not** give permission for my child to participate in the *Kansas Communities That Care Student Survey*.

Signature of Guardian

Printed Guardian Name

Printed Name of Child

Date

*The survey is provided by the Kansas Department for Aging and Disability Services, Behavioral Health Services Commission and administered by Greenbush – The Southeast Kansas Education Service Center, Research and Evaluation Department.

USD # 269 Student Pledge for Device Use

1. I will take good care of my device.
2. I will never leave the device unattended.
3. I will never lend out my device to other individuals.
4. I will know where my device is at all times.
5. I will charge my device battery as needed.
6. I will keep food and beverages away from my device since they may cause damage to the device.
7. I will not disassemble any part of my device or attempt any repairs.
8. I will use my device in ways that are appropriate, meet USD 269 expectations, and are educational in nature.
9. I will not place decorations (such as stickers, markers, etc.) on the device. I will not deface the serial number.
10. I understand that my device is subject to inspection at any time without notice and remains the property of USD 269.
11. I will follow the policies outlined in the *USD #269 Device Policy, Procedures, and Information Handbook* while at school, as well as outside the school day.
12. I will file a police report in case of theft, vandalism, lost, and other acts covered by insurance.
13. I will be responsible for all damage or loss caused by neglect or abuse. **The student will be responsible for any physical damage related repairs (i.e. broken screen/chassis, liquid damage) to device up to \$100. The student will be responsible for the replacement of AC power adapters/chargers for any reason (i.e. damage, lost, failed, etc.). New chargers can be made available for purchase from the district (approximately \$25).** In cases of theft, vandalism, and lost or other criminal acts, a police report **MUST** be filed by the student or parent. Students will be responsible for replacing a lost or stolen device at a prorated price determined as follows:
 - First year in service: 100%
 - Second year in service: 80%
 - Third year in service: 60%
 - Fourth year in service: 40%
 - Fifth year in service: 20%
14. I agree to return the District device and power cords in good working condition.
15. I will not utilize photos, video, and/or audio recordings of any myself or any other person in an inappropriate manner.
16. I understand there is monitoring software on my school device and my computer activity can be monitored during the school day.

I agree to the stipulations set forth in the above documents including the USD # 269 Device Policy, Procedures, and Information Handbook; the Acceptable Use Policy; Device Protection Plan and the Student Pledge for Device Use.

Student Name (Please Print): _____ Grade _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Individual school devices and accessories must be returned to the PJS/DES Office at the end of each school year. Students who graduate early, withdraw, are suspended or expelled, or terminate enrollment at USD # 269 for any other reason must return their individual school device computer on the date of termination. The complete USD 269 Device Policy, Procedures, and Information document can be viewed on the school website.