

Student Name _____ Grade _____

Acknowledgement

I acknowledge access to the Student Handbook, Drug Testing Policy, Grading Policy, Computer Use Policy, and the Student Code of Conduct and the consequences to students who violate District disciplinary policy. The handbook is located on the school website. [www.springlake-earth.org] I will contact the superintendent's or principals' office if I would like to have a hard copy or CD of the Student Handbook. Regarding students records, I understand that certain information about my child is considered directory information. Directory information includes student's name, address, telephone number, date and place of birth, participation in officially recognized activities and sports, weight and height of member of athletic teams, dates of attendance, awards received in school, and most recent school attended. Directory information may be released by the District to anyone who requests it, unless I object to the release of any or all of this information on my child by September 1of the current school year. I understand and consent to the responsibilities outlined in the District's Student Code of Conduct. I also understand and agree that my student shall be held accountable for the behavior and consequences outlined in the Student Code of Conduct at school and at school sponsored/related activities, including school sponsored travel, and for any school related misconduct, regardless of time or location. I understand that any student who violates the Student Code of Conduct shall be subject to disciplinary action, up to and including referral for criminal prosecution for violations of law. I understand this handbook is not a contract and can be amended by the District at any time. However, any change or amendment to the document will be approved by the Board of Trustees. Teachers and principals may impose campus or classroom rules in addition to those found in the Student Code of Conduct. These rules may be posted in classrooms or given to the student and may or may not also constitute violations of the Student Code of Conduct. I also understand that parents will not necessarily be informed of classroom infractions but will be informed of any Code of Conduct violation.

- o I acknowledge receipt of Student Handbook and Student Code of Conduct.

By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. I am the Parent\Guardian of the above named Participant, who is under eighteen years of age and I am fully competent to sign this Agreement or I am the Parent/Guardian of the above named participant who is over eighteen and I am fully competent to sign this Agreement.

Parent/Guardian Signature _____ Date _____

Translator Signature (If Used) _____ Date _____

Student Name _____ Grade _____

Springlake-Earth ISD - STUDENT AGREEMENT FOR ACCEPTABLE USE OF THE DISTRICT'S TECHNOLOGY RESOURCES

You are being given access to the District's technology resources, meaning electronic communication systems and electronic equipment. With this educational opportunity comes responsibility. It is important that you read the applicable District policy, administrative regulations, and agreement form. Inappropriate use of the District's technology resources may result in suspension or revocation of the privilege to use these resources and may result in suspension or revocation of the privilege to use this educational tool, as well as other disciplinary or legal action, in accordance with the Student Code of Conduct and applicable laws.

As a user of the District's technology resources, you will be able to access:

An unlimited number of databases, libraries, and resources; The Internet and other electronic information systems/networks, which can be used to communicate with schools, colleges, organizations, and individuals around the world; and Shared electronic equipment, which may have stored temporary Internet and electronic files of other users.

Please note that the Internet is a network of many types of communication and information networks. It is possible that you may run across areas of adult content and some material you (or your parents) might find objectionable. While the District will use filtering technology to restrict access to such material, it is not possible to absolutely prevent such access. It will be your responsibility to follow the rules for appropriate use. If you are being issued a District technology device, you will be given additional materials addressing the proper use, care, and return of these devices.

RULES FOR APPROPRIATE USE

You will be assigned an individual account for hardware and Internet access, and you are responsible for not sharing the password for that account with others. The account is to be used mainly for educational purposes, but some limited personal use is permitted. You will be held responsible at all times for the proper use of your account, and the District may suspend or revoke your access if you violate the rules.

INAPPROPRIATE USES

- Using the resources for any illegal purpose.
- Damaging electronic communication systems or electronic equipment, including knowingly or intentionally introducing a virus to a device or network, or not taking proper security steps to prevent a device or network from becoming vulnerable.
- Disabling or attempting to disable any Internet filtering device.
- Encrypting communications to avoid security review.
- Using inappropriate language such as swear words, vulgarity, ethnic or racial slurs, and any other inflammatory language.
- Pretending to be someone else when posting, transmitting, or receiving messages.
- Posting personal information about yourself or others, such as addresses and phone numbers. Responding to requests for personally identifying information or contact from unknown individuals.
- You must report any requests for personally identifying information or contact from un-known individuals, as well as any content or communication that is abusive, obscene, pornographic, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal to a supervising teacher or the technology coordinator.
- Gaining unauthorized access to restricted information or resources.

CONSEQUENCES FOR INAPPROPRIATE USE: Revocation of the account or other disciplinary or legal action, in accordance with the Student Code of Conduct and applicable laws.

REPORTING VIOLATIONS: You must immediately report any known violation of the District's applicable policies, Internet safety plan, or acceptable use guidelines to a supervising teacher or the technology coordinator.

After reading the above information, please choose one of the following.

- I give permission for my child to access the District's technology resources and certify that the information contained on this form is correct.
- I do not give permission for my child to access the District's technology resources.

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Corporal Punishment

Corporal Punishment Acknowledgement Form Corporal Punishment may be used as a discipline management technique to preserve an effective educational environment free of disruption. Corporal Punishment shall be administered in accordance with District Policy FO (LOCAL) and shall be limited to spanking or paddling. Corporal Punishment shall be administered by a school administrator or designee, will only be administered in the presence of at least one other district employee, and will occur in a designated place out of the view of other students.

Parents who elect to allow the district to administer corporal punishment as a disciplinary management option will be notified prior to any administration of corporal punishment. Parents will provide the district with at least two phone numbers at which they can be reached at all times.

Parents who chose not to allow corporal punishment as a disciplinary management technique agree to immediately pick up their child when contacted by district staff. Please be advised that if district administrators determine suspension is the appropriate disciplinary technique to be utilized in lieu of corporal punishment the following consequences will occur:

1. I have read the information in the Student Code of Conduct on the use of corporal punishment in the Springlake-Earth Independent School District. Students suspended from school are not permitted on campus or any school-related activities during the suspension, including after school activities on the final day of suspension.
2. Each day of out-of-school suspension requires four days of after school tutorials for makeup work. A typical three day suspension requires 12 days of after school tutorials.
3. Parent is responsible for picking up his/her child at 4:30 pm on each day of after school tutorials.

I have read the information in the Student Code of Conduct on the use of corporal punishment in the Springlake-Earth Independent School District. ***Parents agree to promptly contact the school with updates to contact numbers in the event of any changes.**

After reading the above information, please choose one of the following.

- I request that corporal punishment be administered if necessary as a disciplinary management technique.
- I request that corporal punishment NOT be administered as discipline management technique and that other discipline management techniques be utilized in lieu of corporal punishment.

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Student Name _____ Grade _____

Student Picture

During the course of the year, your child's picture may be taken during school activities, and we may wish to post it on the school's website (www.springlake-earth.org).

After reading the above information, please choose one of the following.

- Yes, I do allow my student's picture to be placed on the school website.
- No, I do not allow my student's picture to be placed on the school website.

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School Sponsored Activity Permission

During the 2016-2017 school year, your student will have the opportunity to participate in many school sponsored activities, including, but not limited to, field trips, extracurricular activities and local travel. Transportation for all of these activities will be provided by staff, employees, or volunteers of the District or by private transportation.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and his/her injury that may result from such participation and I hereby release Springlake-Earth Independent School District, its Board of Trustees, administrators, employees and representatives from any and all illness or injury to Participant's person, including his\her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of Springlake-Earth Independent School District, its Board of Trustees, administrators, employees, or representatives, or otherwise.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP.

After reading the above information, please choose one of the following.

- Yes, I give permission for Participant to participate in school-sponsored activities for the 201 -201 school year.
- No, I do not give permission for Participant to participate in school-sponsored activities for the 201 -201 school year.

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Springlake-Earth ISD-School-Parent Compact

As a parent of a student at Springlake-Earth ISD, I take responsibility for these activities:

- I will encourage my student to be organized and ready for school each day.
- I will help my student develop a love of learning by modeling to him/her that learning does not end with a diploma but is a life-long process.
- I will work with the school as an equal partner in my student's education by being involved with school activities, and maintaining an open line of communication with my student's teachers.
- I will keep my expectations high and emphasize the schooling process as well as the achievement.
- I will value the importance of family time and will devote special time to my student for homework, family discussion, meals, and/or recreation.
- I will work to instill respect and pride in my student in regard for each individual, the family, the school, and the community.

Your student's teacher at Springlake-Earth ISD, will take responsibility for these activities:

- I will maintain the philosophy that all students can learn.
- I will treat each student as an individual and hold high expectations for each one.
- I will work with the parents as an equal partner in each student's education by maintaining a high level of instruction, and maintaining an open line of communication with each student's parents.
- I will strive to educate students about the importance of honesty, responsibility, and accountability.
- I will work to instill respect and pride in every student in regard for each individual, the family, the school, and the community

Your student at Springlake-Earth ISD, will take responsibility for these activities:

- I will be organized and will strive to do my best at everything that I do.
- I will be honest, will respect my teachers and parents, and will listen as my teachers and parents help me to learn.
- I will take responsibility for my education and realize that the only way for me to get the most of my education is for me to try my hardest.
- I will maintain an open line of communication with my teachers and parents.
- I will respect and take pride in myself, other individuals, my family, my school, and my community.

Acuerdo De Springlake-Earth ISD

Como padre de un estudiante in Springlake-Earth ISD, todo la responsabilidad de estas actividades:

- Yo ver que mi nino ser ordenar y listo para la escuela cada dia la escuela.
- Yo ayudar mi nino desarrollar uno amar learning por modeling eVella que learning no extremo con uno diploma, pero el ser uno de siempre proceso
- Yo trabajar con escuela como uno igual socio en mi nino educacion por ser implicado con escuela actividad, y maintaining uno abrir linea comunicacion con mi nino professor
- Yo guardar mi expectativa alto y acentuar schooling proceso tan bien como logro
- Yo valor importancia familia tiempo y dedicar especial tiempo mi nino para preparacion, familia discusion, comida, orgullo en mi nino en el respeto para cada uno individual, la familia, la escuela, y la comunidad.

Como profesor en Springlake-Earth ISD, todo la responsabilidad de estas actividades:

- Yo mantener filosofia que todo nino poder aprender
- Yo tratar cada estudiante como uno individual y sostener alto expectative para cada uno
- Youtrabajar con padre como uno igual socio en cada nino euccion pro maintaining uno alto nivel instruccion, y maintaining uno abrir linea comunicacion con cada nino padre
- Yo esforzar educar estudiante sobre importancia honradez y responsabilidad
- Yo trabajar inculcar respetar y orgullo in cada estudiante in mirar para cada individual, familia, escuela, y comunidad

Como estudiante en Springlake-Earth ISD, todo la responsabilidad de estas actividades:

- I ser ordenar y esforzar para hacer mi major in todo que yo hacer
- Yo ser honesto, importar mi profesor y padre, y escuch a medida que mi profesor y padre ayudar mi para aprender
- Yo tomar responsabilidad para mi educacion y realizar que unico manera para mi para conseguir la mayoria me educacion ser para mi para intentar mi duro
- Yo mantener uno abierto linea comunicacion con mi professor padre
- Yo respetar y todo orgulo en me, ontro individuo, mi familia, mi escuela, y mi comunidad.

- I have read the above information.

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Student Name _____ Grade _____

Family Survey

In order to better serve your student, the Springlake-Earth school district would like to identify students who may qualify to receive additional educational services. The information provided below will be kept confidential.

Have you moved within the last 3 years?

- Yes
- No

If the above answer was yes, have you done agricultural or fishing related work since your move? (e.g. field work, canneries, lumbering, dairy work, meat processing).

- Yes
- No

If you answered yes to both of the questions above, please let us know the best way to contact you.

- Phone
- In-Home Visit

An educational representative may contact you to find out whether your child is eligible for additional educational services.

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Student Name _____ Grade _____

Parent's Response Regarding Release of Student Information to Military Recruiters.

Federal law requires that the district release to military recruiters, upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent. See Release of Student Information to Military Recruiters in Student Handbook for more information.

After reading the above information, please choose one of the following.

- Yes, I do allow my child's name, address, and telephone number to be released to military recruiters.
- No, I do not allow my child's name, address, and telephone number to be released to military recruiters without my prior written consent.

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Student Name _____ Grade _____

School Health

We would like your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history.

How many brothers does this student have? _____

This student is what number in birth order? _____

How many sisters does this student have? _____

How is health care provided for this student?

- Private Insurance
- Chips
- Medicaid
- Other

If your answer for health care provider was 'Other', please list provider below.

Please list the student's family doctor.

Please list the student's family dentist.

Does your child have any of the following health problems?

- Asthma
- Diabetes
- Vision
- Sickle Cell Anemia
- Injury
- Allergies
- Anemia
- Hearing
- Seizures
- Heart
- Other
- None
-

If your student has any of the above conditions or you checked other, please explain the condition below.

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Student Name _____ Grade _____

Emergency Treatment Form

There is always the possibility of an accident occurring to a student at school or while participating in a school activity – before, during, or after school. In case an accident should occur, the school and/or University Scholastic League will not assume responsibility. Nevertheless if an accident should occur a discretionary judgment will be made by a school representative in regard to the student's need for immediate care and treatment as may be given to the said student by any physician, trainer, nurse, or school representative. As well, I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of the said student. If between this date and the end of the school year, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury. I give permission for my child to be taken home by the school nurse or other appropriate school official if I am at home and unable to pick up my ill child.

In the event of an injury or illness and a parent cannot be contacted, who may pick up your child? Please leave first, last name and a working phone number.

Does your student take any medications?

- Yes
- No

List any medications.

If your student has asthma, please list any known asthma 'triggers'.

If your student has any known drug allergies, please list the allergies below.

Is there anything more about this student's health that you think is important for us to know?

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Student Name _____ Grade _____

Request for Food Allergy Information

(The District must request, at the time of enrollment, that the parent or guardian of each student attend the District disclose the student's food allergies. This form will satisfy this requirement. Additional information regarding food allergies, including maintaining records related to a student's food allergies, can be found at FD and FL.)

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the district in order to enable the district to take the necessary precautions for your child's safety.

*Severe food allergy means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. (See FL)

Please list name of food and nature of reaction to the food. If your student has no food allergies, please type in none.

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MEDICINE AT SCHOOL

Medication that must be administered to a student during school hours must be provided by the student's parent. All medication, whether prescription or nonprescription, must be kept in the nurses' office and administered by the nurse or another authorized district employee, unless the student is authorized to possess his or her own medication because of asthma or a severe allergy as described below or as otherwise allowed by law.

District employees will not give a student prescription medication, nonprescription medication, herbal substances, anabolic steroids, or dietary supplements with the following exceptions:

- Only authorized employees, in accordance with policy FFAC, may administer:
 - Prescription medication, in the original, properly labeled container, provided by the parent or legal guardian, along with a written request.
 - Prescription medication from a properly labeled unit dosage container filled by a registered nurse or another qualified district employee from the original, properly labeled container.
 - Nonprescription medication, in the original, properly labeled container, provided by the parent, along with a written request.
 - Herbal or dietary supplements provided by the parent only if it is required by the student's individualized education program (IEP) or Section 504 plan for a student with disabilities.
- In certain emergency situation, for which the District will maintain and administer to student nonprescription medication, but only:
 - In accordance with the guidelines developed with the District's medical advisor and
 - When the parent has previously provided written consent to emergency treatment on the district's form.
- A student with asthma or severe allergic reaction (anaphylaxis) may be permitted to possess and use prescribed asthma or anaphylaxis medication at school or school-related events only if he or she has written authorization from his or her parent and a physician or other licensed health-care provider. The student must also demonstrate to his or her physician or health-care provider and to the school nurse the ability to use the prescribed medication, including any device required to administer the medication. If the student has been prescribed asthma or anaphylaxis medication for use during the school day, the student and parents should discuss this with the school nurse or principal. For further information, see policies at FFAC.

In accordance with a student's individual health plan for management of diabetes, a student with diabetes will be permitted to possess and use monitoring and treatment supplies and equipment while at school or at a school-related activity. See the school nurse or principal for information. [See policy FFAC(LEGAL).]

I have read the above information. This information can also be found in the Student handbook.

- Yes

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Student Name _____ Grade _____

Student Drug Testing Consent Form

Participation in school sponsored extra-curricular activities at the Springlake-Earth ISD is a privilege. Activity Students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extra-curricular activities on behalf of the Springlake-Earth ISD. For the Safety Health, and wellbeing of the student of the Springlake-Earth ISD, the Springlake-Earth ISD has adopted the attached Activity Student Drug Testing Policy and the Student Drug Testing Consent for use by all participating students in grades 6-12.

Each Activity Student shall be provided with a copy of the Activity Student Drug Testing Policy and Student Drug Testing Consent (located online at www.springlake-earth.org) which shall be read, signed and dated by the parent or custodial guardian before such student shall be eligible to practice or participate in any interscholastic activities. The consent shall be to provide a urine sample: A) as part of their annual physical or for eligibility for participation; b) as chosen by the random selection basis; and c) at any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has agreed to the Student Drug Testing Consent.

Please choose one of the following options after reading the following text.

We have read and understand the Springlake-Earth ISD "Activity Student Drug Testing Policy" and "Student Drug Testing Consent." We desire that the student named at the beginning of this form participate in the extra-curricular interscholastic programs of the Springlake-Earth ISD and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

- I agree
- I do not agree
- My child is not in the 6th – 12th grade.

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