

2020-2021 SWALLOW SCHOOL ANNUAL ADDITIONAL QUESTIONS

Section I: Household Members

Please list each student attending Swallow, their dates of birth and their 2020-2021 grade level. Please use their legal names.

Student #1 Name: _____ Date of Birth: _____ Grade: _____

Student #2 Name: _____ Date of Birth: _____ Grade: _____

Student #3 Name: _____ Date of Birth: _____ Grade: _____

Section II: Publication Authorization

Swallow School reserves the right to publish student(s) name, photograph, video/voice recording or creation. If you **WANT** your child to be included in publications (yearbook, concert programs, school website, Facebook, etc.), please check and sign below.

I give permission to Swallow School to **internally** (i.e. yearbook, internal class newsletters, internal emails, concert programs, classroom parties, class lists, etc.) publish my child's name, photograph, video/voice recording or creation.

I give permission to Swallow School to **externally** (i.e. Thursday Folder newsletter, school website, Swallow Facebook page, newspaper, district mailings) publish my child's name, photograph, video/voice recording or creation.

Section III: Emergency School Closing

Local radio and TV stations will be notified if school closes early. In addition, a message will be posted on the school website and a message will be sent out using the school's emergency messaging notification system. Please review an early dismissal plan with your child(ren) so she/he knows where to go. However, we understand younger students may not remember what to do. Please complete for all children grades **4K-8**. In the event school is closed early, my child will: (please check one)

ride regular bus home walk home picked up by _____ other _____

Parent Signature _____ Date _____

Section IV: Sharing of Medical Information

Our bus service provider, Dousman Transportation Company, has requested medical information regarding severe health conditions **only**. They recognize the confidentiality of each student and will keep the information in a secure manner. Please sign below if you authorize the sharing of severe allergy information only by the school district with the bus company.

Parent Signature _____ Date _____

Section V: Family Directory Information

The Swallow Education Foundation produces a family directory each year that includes the names of students and parents, addresses, phone numbers, email addresses and class lists for each teacher. ***This directory will be created based on information in Infinite Campus on September 25, 2020.*** If you **WANT** to be included in the directory, please check and sign below.

I give permission for my family to be listed in the 2020-2021 Swallow School Family Directory.

Parent Signature _____ Date _____

Section VI: Release of Test Information to Arrowhead Union High School District (8th Grade Students Only)

Parent signature below authorizes Swallow School District to release standardized assessment and other achievement data on my child to the Arrowhead Union High School District for planning purposes as it becomes available during the 8th grade year and for Arrowhead to share performance data back with Swallow in the future.

Parent Signature _____ Date _____

Section VII: Handbook, Annual Notices, and Technology Acceptable Use Sign Off

It is each family’s responsibility to read and review the Student Handbook, Annual Notices and Acceptable Use Policy 7540.03 and Guidelines which can be found on our website in the *Stay Informed* and *Board of Education* sections of the website. **Each student and parent must sign below indicating receipt of annual notices, the Student Handbook, and the acceptable use agreement before s/he will be permitted to use technology at Swallow School.** Any electronic device used on the school network, even if privately owned, is subject to all policies and consequences of the Acceptable Use Policy.

1. I will abide by such rules and expectations as outlined by the Swallow School District’s Technology Acceptable Use Policy.
2. I have read and agree to comply with the Acceptable Use Policy. I also understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and disciplinary action taken.
3. I understand that the purpose of the H drive and my google drive are for my primary usage and saving of work and that the S drive is a shared student drive and only work that I am finished with and/or have saved to my H drive or my google drive first should be saved there.

Student Name	Student Signature	Date

Parent or Guardian: As the parent or guardian of the above student(s), I have read the Acceptable Use Guidelines and Policy 7540.03 understand that this access is designated for educational purposes. I recognize it is impossible for the Swallow School District to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child’s use is not in a school setting. I hereby give permission to issue access and/or an account for my child.

Parent Name _____ **Parent Signature** _____ **Date** _____

Note: Students bring electronic communication devices to school at their own risk. The District will not be held responsible if a personal electronic device is lost, stolen or misplaced, including those that have been confiscated.

Section VIII: Parent in Military

Is either parent or guardian on active duty in the military? Yes No

Is either parent or guardian a traditional member of the Guard or Reserve? Yes No

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? Yes No

SWALLOW SCHOOL 2020-2021 EMERGENCY MEDICAL AUTHORIZATION

PART 1: TO GRANT CONSENT

Doctor: _____ Phone _____ No Preference

Dentist: _____ Phone _____

Hospital: _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated practitioner is not available by another licensed physician or dentist: and (2) the transfer of the child to any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

By signing this, I also give permission to school personnel to share my child’s health/medical concerns (past/present) with school personnel on an “as needed to know” basis, unless I notify the school nurse in writing that I do not want it shared.

Signature of Parent/Guardian _____ Date _____

PART 2: REFUSAL TO CONSENT – Do not complete if you have completed PART 1

I do NOT give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Signature of Parent or Guardian _____ Date: _____