

ENEMY SWIM DAY SCHOOL

2017-2018 Returning Student Registration Packet

Student: _____ **Grade:** _____

Must have a Mobile Device Agreement Form signed in the front office.

Student Cell Number: _____

Directions to students home: _____

Students Mailing Address: _____

city

state

zip code

Student lives with: Mother Father Guardian Who has legal custody of student: Mother Father Guardian

Is there a court order that restricts either parent from contact with your student or access to student records? Yes No
If such a court order exists, it is the Parent/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school's office to act on any restrictions.

Full Name: _____
first name middle initial last name

- Mother
 Father
 Guardian

Employer: _____

Day Phone Number: _____ Cell Phone: _____

Email Address: _____

Full Name: _____
first name middle initial last name

- Mother
 Father
 Guardian

Employer: _____

Day Phone Number: _____ Cell Phone: _____

Email Address: _____

EMERGENCY CONTACT WHEN PARENT/GUARDIAN CANNOT BE REACHED:

Contact Name: _____

May Pick Up
 Yes No

Relationship to Child: _____ Contact Phone Number: _____

Contact Name: _____

May Pick Up
 Yes No

Relationship to Child: _____ Contact Phone Number: _____

We here at Enemy Swim Day School understand the diversities that exist in today's families and at times, when parents/guardians are not available, we need permission to communicate with other significate adults. If you have a significant other (grandparent/step-parent, sibling, etc.) who may routinely act on your behalf or attend meetings with you, please complete the section below.

NAME: _____ Relationship: _____

NAME: _____ Relationship: _____

The above named person(s) have my permission to have access to all information and records regarding this student. I understand that ESDS will contact this person if I am unavailable and he/she will have permission to act on my behalf.

signature of parent/guardian

date

Student's Name: _____

DOB _____

17-18 GRADE LEVEL _____

Enemy Swim Day School Medical Permission Form

Sometimes it is necessary to give over-the-counter medications at school for routine symptoms or illness. We need to have your permission to give these medications. Please check the medications below that may be given to your child during an illness or for other minor symptoms (all age/weight appropriate dosage).

____ Tylenol
____ Ibuprofen

____ Pepto Bismol
____ Tums

____ Midol
____ Throat Spray

Please list any allergies your child may have: _____

Please list any medical conditions that we need to be aware of: _____

Please list any food allergies or dietary restrictions: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES INDIAN HEALTH SERVICES Woodrow Wilson Keeble Memorial Health Care Center

As parent/guardian of the above mention child, I have read the consent form for the Indian Health Service to arrange for or to provide the following dental health services for this child.

1. Health care including examinations, routine laboratory studies, x-ray procedures and skin test.
2. Dental care including dental examinations for sealants and fluoride varnish.
3. Emergency health care for accidents or illness.
4. Transportation of the child to and/or from another health facility for these services.

____ I hereby give consent for all of the above dental services.

____ Exceptions or Special Instructions: _____

Parent/Guardian Signature _____

Relationship to Child _____

Enemy Swim Day School Authorization Form

AUTHORIZATION FOR: _____

(This form will be kept in your child's student cumulative school file while attending ESDS.)

FIELD TRIPS Parent/Guardian OK Initial _____

During the school year at Enemy Swim Day School, teachers arrange Educational Field Trips to enrich the student's educational experience. Parents are asked to sign one permission form covering ALL excursions rather than a separate form for each short trip. I give permission for my child to participate in the field trips that Enemy Swim Day School will be taking during the school year. I further consent to any medical or dental treatment that may be needed while attending these school functions.

PUBLICITY RELEASE Parent/Guardian OK Initial _____

I hereby and irrevocably consent to and authorize the use, publication and reproduction in any and all media at anytime by Enemy Swim Day School or anyone it authorizes, of any and all photographs/video taken of me or the child(ren) listed of whom I am authorized as guardian, with or without names, for purposes of positive school promotion or whatever the case may be.

I understand that this coverage may place me or my child(ren)'s picture, with or without further explanation, alone or accompanied by other pictures in a story, on a website, yearbook or on a cover of anyone it authorizes, from any and all claims whatsoever relating to or arising from the uses consented above.

I am over 18 years of age, have read this consent and release, or have had it read and explained to me in my native language, fully understand its contents, and enter into it voluntarily and without coercion.

INTERNET USER AGREEMENT Parent/Guardian OK Initial _____

Students at ESDS will understand and will abide by the terms and conditions for Internet access. I further understand that any violation is unethical and may constitute a criminal offense. Should a student commit any violation, their access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken. I understand that this access is designated for educational purposes. However, I also recognize it is impossible for ESDS to restrict access to all controversial materials and I will not hold the ESDS responsible for materials acquired on the network. I hereby give my permission to grant access for my child and certify that the information on this form is correct.

PARENT/GUARDIAN SIGNATURE: _____

BIE McKinney-Vento Enrollment/Referral Form

STUDENT NAME: _____
AGE: _____ 2017/2018 GRADE LEVEL: _____

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. This document will be used to share with school staff and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

1. Is your current address a temporary living arrangement? Yes ___ No ___
2. Is your temporary address due to loss of housing or economic hardship? Yes ___ No ___

If you answered **NO** to both questions **STOP HERE**. Thank you. _____
Parent/Guardian Signature

If you answered **YES** to both questions PLEASE CONTINUE.

Student Information

Parent/Guardian Name(s): _____
School Site: **Enemy Swim Day School**
Parent/Guardian/Youth phone number: _____
___ Cell Phone ___ Work Phone ___ Shelter Phone ___ Family/Friends Residency Phone

Residency Information

Are you a high school student who is currently living on your own? Yes ___ No ___
Where does the student stay at night?
___ Shelter ___ Temporary Housing ___ Other _____
Address/Directions _____

Shelter Contact Person _____

The family/youth has been residing within the school district boundaries and intends to stay. _____
Please Initial

- Does the student wish to continue at the school of origin? Yes ___ No ___
- Is the school of origin a boarding school? Yes ___ No ___
 - If present school is a boarding school, will student be enrolled in residential dorm? Yes ___ No ___

Agreed Upon Services

Education Services
Description _____

After School Services
Description _____

Transportation Services
Pick Up Location _____
Drop Off Location _____

Health Services
Immunizations _____
Dental _____
Food/Clothing _____
Free Lunch _____
Counseling _____

The parent/guardian/youth understand that the agreed upon services are supplemental to the regular instructional day and will be re-evaluated to determine which need to be continued. In the event that the family/youth residency changes, it is the responsibility of the family/youth to notify the school liaison immediately.

THE MCKINNEY-VENTO LIAISON FOR ENEMY SWIM DAY SCHOOL IS ELLEN ROBERTSON.

Parent/Guardian Signature _____ Date _____ School Liaison Signature _____ Date _____

STUDENT NAME: _____ GRADE: _____



Enemy Swim Day School Compact 2017-2018 School Year

This compact is to be signed by parent/guardian, student, teacher and principal. After all parties have signed the compact, the original will be sent home and a copy kept on file.

As a Parent/Guardian, I, _____, will strive to:

- believe my child can learn;
- show respect and support for my child, the staff, and the school;
- ensure that my child attends school regularly and is on time as stated in student attendance policies;
- provide a quiet place for my child to study at home;
- encourage my child to complete all homework assignments;
- attend parent-teacher conferences at the end of the first and third quarters, annually;
- support the objectives of the Educational Improvement Plan (if my child has one);
- monitor my child's progress on Infinite Campus;
- communicate regularly with my child's teacher and respond to communications from the school;
- support the school in developing positive behaviors in my child;
- talk with my child about his or her school activities each day;
- encourage my child to read at home and apply all their learning to daily life; and
- encourage and support my child in awareness and participation in cultural activities.

As a student, I, _____, will strive to:

- believe that I can learn;
- show respect for myself, my school and other people;
- always try to do my best in my work and my behavior;
- ensure that I attend school regularly and will be on time as stated in student attendance policies;
- work together with students and staff for my educational success;
- display appropriate behavior and make good choices in the classroom and throughout the school;
- come to school prepared with my homework and supplies; and
- be proud of my cultural heritage and get involved in cultural activities.

As a Teacher, I, _____, will strive to:

- believe that each child can learn;
- respect and value the uniqueness of each child and his or her family;
- provide an environment that promotes active and engaged learning;
- enforce appropriate behavior in the classroom and throughout the school in a fair and consistent manner;
- assist each child in achieving the standards-based curriculum at proficiency level;
- document ongoing assessment of each child's academic progress through the school-wide assessment plan;
- provide an educational improvement plan for each student who is below proficiency in reading or math with specific objectives and strategies for improved achievement at proficiency;
- provide parents with weekly progress reports (on Infinite Campus), mid-quarter a quarterly written progress reports and portfolios, conferences at the end of the first and third quarters annually, and anytime upon parent request;
- maintain open lines of ongoing communication with students and parents;
- seek ways to involve parents in the school program;
- demonstrate professional behavior and a positive attitude; and
- promote learning opportunities that enhance each child's unique culture and identity.

As a School Principal, I, _____, represent all ESDS staff in affirming this contract and will strive on the school's behalf to:

- provide opportunities for parents to be involved in the school and with their child's education in a manner which is individually desired: school improvement planning, parent advisory boards for school programs, and parent organizations, classroom visitations and volunteering;
- provide parents with an ESDS Parent Handbook which outlines curriculum, policies and procedures, processes, the school improvement plan, school activities and calendars;
- provide opportunities and a plan for professional development for staff and parents according to the school improvement plan;
- ensure that all staff are highly qualified for the position which they hold;
- ensure an annual review of curriculum, course guidelines and provide continual educational improvement and cultural relevancy.

ENEMY SWIM DAY SCHOOL 2017-2018 MOBILE DEVICE ACCEPTABLE USE POLICY AGREEMENT FORM

PARENT/GUARDIAN AGREEMENT

I authorize my child to bring a personal Mobile Device to school with the understanding that it will be used only as a tool for educational purposes and that my child will comply with the Enemy Swim Day School Mobile Device Acceptable Use Policy. I understand that Enemy Swim Day School is not responsible for any damage or loss associated with my child's Mobile Device. I understand that a violation of the policy may result in the loss of the privilege for my child to bring a Mobile Device to school for a length of time appropriate with the nature of the violation. I also understand that I will be contacted to pick up the device from school should a violation occur.

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

STUDENT AGREEMENT

I agree to abide by all regulations set forth in Enemy Swim Day School's Mobile Device Acceptable Use Policy. I understand that a violation of the policy may result in the loss of privilege to bring the device to school for a length of time appropriate with the nature of the violation.

STUDENT PRINTED NAME: _____

STUDENT SIGNATURE: _____

STUDENT PHONE NUMBER: _____

MOBILE DEVICE MAKE/MODEL: _____

MOBILE DEVICE SERIAL NUMBER: _____

DATE: _____

INTRODUCTION

Mobile Devices are digital devices that can store books, periodicals, magazines, and other electronic media. Electronic Devices (e-Readers) like Kindles, Nooks, iPads, iPods, Smart Phones, and other similar Mobile Devices are quickly becoming universal in our digital culture. They simply cannot be ignored in an educational environment. Enemy Swim Day School embraces the use of technology in classrooms and welcomes the use of electronic devices to enhance student learning and interest in reading.

Enemy Swim Day School, in striving to maintain technological relevance to education, is providing the opportunity for students to use these devices in accordance with this **Mobile Device Acceptable Use Policy**. This opportunity is a **privilege** that requires extra caution and responsibility both on the part of students and their parents. This policy applies when students are at school, on school transportation, or attending a school sponsored or school related off-campus activity.

MOBILE DEVICE ACCEPTABLE USE POLICY

The wide variety of hardware and software capabilities of available mobile devices makes them challenging to monitor and control in a school environment in contrast with school owned technology assets like computers, etc. Therefore, this policy is specific and clear. **A student who violates any portion of the policy may immediately lose the privilege to use their devices at school, on school transportation, or while attending a school sponsored or school related off-campus activity.** Length of time administered for any violation of this policy will be appropriate with the nature of the violation.

GUIDELINES FOR USE OF MOBILE DEVICES AT SCHOOL

1. School administrators/officials may examine a student's personal device and search its contents if there is a reason to believe that school policies, regulation, or guidelines regarding use of the device have been violated.
2. Any device brought to school for the purpose of use in academics of school approved materials and to access instructor approved programs to assist students in studies must be registered with the main office of the school site and accompanied by the **Mobile Device Acceptable Use Agreement Form** signed by both the parent and the student.
3. Mobile Devices shall be used only for the purposes outlined in number two (2) above and in accordance with teacher instruction.
4. Mobile Devices shall not become a distraction for the student and/or other students, nor a source of any school disruption.
5. Students may access Mobile Devices before school, at lunch and after school in appropriately zoned and supervised areas only, with a staff member present and according to Technology Acceptable Use Policy.
6. Students are responsible for knowing how to properly and effectively use their Mobile Devices which should not become a burden to the teacher.
7. Students bringing their own Mobile Devices are personally responsible for the device. No personal Mobile Devices shall be loaned to other students or be left unsupervised. Parents shall assume responsibility and ultimate liability in the event that a personal Mobile Device is found to have access to networks outside of the school's filtered and monitored network.
8. The school assumes no responsibility for the loss of, theft of, or damage to any personal Mobile Device.
9. Students who are authorized to check-out a school-owned Mobile Device must also have a signed **Mobile Device Acceptable Use Agreement Form** on file in the school office.
10. All material on the Mobile Device shall comply with the spirit of educational application and all policies of the school.
11. Although parents/guardians may need to communicate with their child via mobile devices, please keep in mind that students will only be allowed to access/respond during NON-instructional times

ENEMY SWIM DAY SCHOOL

Summer Academic Program 2017



Entering Grade: _____

Student Name: _____

Birthdate: _____ Student Cell Number: _____

Student Prefers To Be Called: _____ Home Phone: _____

Directions to home: _____

Physical Address: _____
city state zip code

Student lives with: Mother Father Guardian

Full Name: _____
first name middle initial last name Mother
 Father
 Guardian

Employer: _____

Day Phone Number: _____ Cell Phone: _____

Email Address: _____

Full Name: _____
first name middle initial last name Mother
 Father
 Guardian

Employer: _____

Day Phone Number: _____ Cell Phone: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION:

Contact Name: _____ May Pick-up Yes No

Relationship to Child: _____ Contact Phone Number: _____

Contact Name: _____ May Pick-up Yes No

Relationship to Child: _____ Contact Phone Number: _____

Student will be attending Summer Academic Program the weeks of:
_____ June 5-8 _____ June 12-15
_____ June 19-22 _____ June 26-29 _____ July 10-13 _____ July 17-20

In the event of an accident, illness or injury and I cannot be reached, I give the ESDS Summer Program staff permission to take action as deemed necessary for my child. I understand that ESDS Summer Program and its staff accept no responsibility for mishaps which could occur due to the nature of the activity in which my child is engaged. I understand that the Summer Program staff reserves the right to terminate the participation of any child when it is deemed to be in the best interest of the child or the ESDS Summer Program. I consent to the medical and/or dental assistance needed in my absence. The ESDS Summer Program supports and strongly encourages parents/guardians to be actively involved in the Summer Programs. Please feel free to call or visit anytime! I understand that the OST program which includes the Summer Academic Program, does have a fee of \$2.00 per hour my child participates in the OST program, and I understand that financial assistance is available through Child Care Services Assistance and through ESDS OST scholarships to help pay the fee. I understand that it is my responsibility to take appropriate actions and to seek out these assistances or I will be responsible for my child(ren)'s payment monthly. I understand that it is my responsibility to inform the summer staff/school of changes that may affect the health and safety of my child. This includes, but it not limited to: changes in emergency contact informations; changes in individuals who may pick up my child; illness or contagious diseases; and/or transportation arrangements. As parent/guardian, I hereby give permission for my child to attend the ESDS 2017 Summer Program and its field trips. I have read and fully understand the cooperative agreement and I agree to comply with guidelines identified above.

signature of parent/guardian

date