



# ENEMY SWIM DAY SCHOOL KINDERGARTEN

## 2022-2023 ENROLLMENT PACKET

13525 446<sup>th</sup> Avenue, Waubay, SD 57273

(605) 947-4605 (888) 825-7738 FAX (605) 947-4188

Dear Parent/Guardian,

Enemy Swim Day School is honored to have your new kindergartener enroll at our school! We look forward to all the fun times learning new things with your child! To enroll in Kindergarten, a student must have turned the age of 5 on or before September 1<sup>st</sup> of 2022. All new students that are entering school must meet the following immunization requirements:

1. Four or more doses of DPT (one after the age of 4)
2. Four doses of oral polio (one after the age of 4)
3. Two doses of MMR (measles, mumps, and rubella) after the age of 12 months
4. Two doses of Varicella Vaccine (chicken pox vaccine) or parent signed verification the child has had the chicken pox.

Please include the following documents when enrolling:

- State Certified Birth Certificate
- Immunization Record or Release Signed by Parent/Guardian
- Social Security Number
- Tribal Enrollment (if child is an enrolled member of a tribe)
- Legal Guardianship Documents if needed

## KINDERGARTEN STUDENT INFORMATION

FULL LEGAL NAME AS PRINTED ON BIRTH CERTIFICATE:

First Name	Middle Name	Last Name
<b>Ethnicity:</b> <input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino		
<b>Race:</b> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Native Hawaiian/Other Pacific Islander		
Date of Birth: _____		Male ___ Female ___
Place of Birth: _____		
City	State	County

Has your child been evaluated for or receiving Special Education/504 services?  YES     NO  
 Which Dakota Language immersion classroom setting do you prefer for your child?  90%     50%



# Kindergarten Enrollment Form



## ENEMY SWIM DAY SCHOOL



### STUDENT INFORMATION

**Full Name:** \_\_\_\_\_  
*first name* *last name*

**Ethnicity:**  No, Not Hispanic/Latino  Yes, Hispanic/Latino

**Race:**  American Indian or Alaska Native  Black or African American  
 Asian  White  Native Hawaiian/Other Pacific Islander

**HOME PHONE:** \_\_\_\_\_ Use this number for the School Messenger Service?  YES  NO

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
If student lives in ES Housing, are they allowed to walk home?  YES  NO

**Mailing:** \_\_\_\_\_  
*Address* *City* *State* *Zip Code*

If tribally enrolled, name of Tribe: \_\_\_\_\_

If SWO Tribal Member, District: \_\_\_\_\_

### FAMILY INFORMATION-Primary Household

#### Parent/Guardian #1 (Primary contact for school communication)

**Full Name:** \_\_\_\_\_  
*first name* *last name* *Relationship to Student*

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SCHOOL MESSENGER SERVICE:**  Call Only  Text Only  Call & Text  Email Only  Call/Text/Email

If tribally enrolled, name of Tribe: \_\_\_\_\_

If SWO Tribal Member, District: \_\_\_\_\_

#### Parent/Guardian #2

**Full Name:** \_\_\_\_\_  
*first name* *last name* *Relationship to Student*

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

If tribally enrolled, name of Tribe: \_\_\_\_\_

If SWO Tribal Member, District: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**Contact Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**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 significant 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 to Child:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

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 \_\_\_\_\_

22-23 GRADE LEVEL \_\_\_\_\_

## Enemy Swim Day School Medical/Dental 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.

\_\_\_\_\_ Tylenol      \_\_\_\_\_ Pepto Bismol      \_\_\_\_\_ Cough Drops      \_\_\_\_\_ Throat Spray  
\_\_\_\_\_ Ibuprofen      \_\_\_\_\_ Tums      \_\_\_\_\_ Cough Syrup      \_\_\_\_\_ Midol

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

\_\_\_\_\_

**\*\*Please see the School Nurse if your child has any food allergies or dietary restrictions for proper documentation.**

SCHOOL NURSE VERIFICATION OF ALLERGIES/FOOD ALLERGIES/DIETARY RESTRICTIONS

Consent to test for COVID-19 if symptoms are present:  YES  NO Parent/Guardian Initial: \_\_\_\_\_

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

As parent/guardian of the child listed above, 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:  YES  NO

Exceptions or Special Instructions: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_

# South Dakota Immunization Information System (SDIIS) Access Agreement

To ensure the South Dakota Department of Health is aligning with the Health Insurance Portability and Accountability Act (HIPAA) Omnibus Rule, a School Health Official must obtain parent, guardian or legal representative agreement before accessing a student's immunization record in the South Dakota Immunization Information System (SDIIS). No student record shall be accessed by a School Representative in the SDIIS without parent, guardian or legal representative agreement.

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I give permission to **Enemy Swim Day School, 13525 446<sup>th</sup> Avenue, Waubay, SD 57273** to access the above child's immunization record in the South Dakota Immunization Information System.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent/Guardian or Legal Representative)

In lieu of written consent, verbal consent was obtained from \_\_\_\_\_.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(School Official)

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_  
 Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one):  child  child's parent  child's grandparent

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

# Enemy Swim Day School 22-23 Authorization Form

## FIELD TRIPS YES NO

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 YES NO

I hereby and irrevocably consent to and authorize the use, publication and reproduction in any and all media at any time by Enemy Swim Day School or anyone it authorizes, of any and all photographs/video/audio taken of my child 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 my child's picture, voice, video with or without further explanation, alone or accompanied by other pictures in a story, on a website, yearbook, web-based app 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 YES NO

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 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: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
LAST NAME FIRST NAME

# ENEMY SWIM DAY SCHOOL

## HOME LANGUAGE SURVEY

*English Language Learner (ELL) provisions are included under Title I and Title III of No Child Left Behind (NCLB). Title I outlines the state standards, assessment, annual yearly progress, and other accountability requirements for ELL students. Title III provides funding to state and local education agencies who are obligated by NCLB to increase the English proficiency and core academic content knowledge of Limited English Proficient students (another term is ELL-English Language Learners, although NCLB uses the term "LEP" for Limited English Proficiency).*

What is the language most frequently spoken at home? \_\_\_\_\_

Which language did your child learn when he/she first began to talk? \_\_\_\_\_

What language does your child most frequently speak at home? \_\_\_\_\_

What language do you most frequently speak to your child? \_\_\_\_\_

## CERTIFICATION INTENSE BILINGUAL PROGRAMS

This form will be used by our school to determine the type of services it will provide your child in language development. The school needs more accurate information on whether your child is influenced by the Native American language or not. For some students, our school must provide instruction in both English and the Native American language so that the students will progress in language development. Please check the appropriate boxes below that describe your child's Native American Language status and sign below.

A student's primary or home language is other than English which meets one of the following eligibility criteria:

- \_\_\_\_ (1) Student has some knowledge of both English and the Native American Language (understanding/speaking) or is influenced in any manner by a Native American Language.
- \_\_\_\_ (2) Student speaks a Native American Language most of the time, i.e., during play or family conversation.
- \_\_\_\_ (3) A Native American Language is spoken in the student's home most of the time, i.e., by family members.
- \_\_\_\_ (4) Other (please explain) \_\_\_\_\_

For our school to receive additional funds to provide instruction both in the Native American and English Language, we must have this form signed below by the parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_



# ENEMY SWIM DAY SCHOOL

## 2022-2023 BIE McKinney-Vento Student Residency Verification Document

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

1. Presently, where is the student living? Check one box:

SECTION A	SECTION B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian)  <b>CONTINUE:</b> if you checked a box in <b>Section A</b> complete #2 and the remainder of this form.	<input type="checkbox"/> Choices in Section A do not apply  <b>STOP:</b> If you checked this section, you do <b>not</b> need to complete the remainder of this form. Submit to school personnel.

### STUDENT INFORMATION:

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female SSN: \_\_\_\_\_

2. The student lives with:

- |   |  |
|---|--|
| <input type="checkbox"/> 1 parent                 | <input type="checkbox"/> a relative, friend(s) or other adult(s)               |
| <input type="checkbox"/> 2 parents                | <input type="checkbox"/> alone with no adults                                  |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **School Use Only – School Administrator’s determination of Section A circumstances:**

*If the parent has checked Section B above, completion of form is not required. For any choice in Section A, this form must be completed and provided to School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.*

ENEMY SWIM DAY SCHOOL 13525 446<sup>th</sup> Avenue, Waubay, South Dakota 57273 (605) 947-4605

School Administrator Signature: \_\_\_\_\_

# Enemy Swim Day School Compact

## 2022-2023 School Year

***This compact is to be signed by parent/guardian, student, teacher and principal.***

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.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

**TEACHER SIGNATURE:** \_\_\_\_\_

**PRINCIPAL SIGNATURE:** \_\_\_\_\_

## INTRODUCTION

Mobile Devices are digital devices like Kindles, iPads, iPods, and Smart Phones that are 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.

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.
12. No student shall use a Mobile Device to photograph or record other students in the school.

# ENEMY SWIM DAY SCHOOL 2022-2023 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 during class time 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:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## **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:** \_\_\_\_\_ **OR**

**MOBILE DEVICE SERIAL NUMBER:** \_\_\_\_\_ **OR**

**MOBILE DEVICE MAKE/MODEL:** \_\_\_\_\_

# OST Afterschool Program Permission Form 2022-2023

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

MONDAY:	_____ REQUIRED	_____ CHOICE	_____ NO, may not attend
TUESDAY:	_____ REQUIRED	_____ CHOICE	_____ NO, may not attend
WEDNESDAY:	_____ REQUIRED	_____ CHOICE	_____ NO, may not attend
THURSDAY:	_____ REQUIRED	_____ CHOICE	_____ NO, may not attend

There is NO after school program held on Fridays.

Students will be bused to their regular destination unless permission is provided by guardian. This rule is enforced for the safety of the students. **ES Housing Area Students ONLY- May Walk Home?** YES NO

I understand that the Out of School Time Afterschool Program (OST) and its staff accept no responsibility for mishaps which could occur do to the nature of the activity in which my child is engaged. In the event of an accident, illness or injury and I cannot be reached I give the OST Program staff permission to take action as deemed necessary for my child.

I understand that the OST Program staff reserves the right to terminate the participation of any student when it is deemed to be in the best interest of the student or the OST Program.

I understand that regular attendance is important to the overall goals of the OST Program.

I understand that I have the right to bring any of my concerns to the attention of the activity leaders, program supervisors, and/or the school principal.

I will participate in parent groups or parent committee activities.

I understand that it is important for me to cooperate and communicate with the OST staff for the benefit of my student.

I understand that it is my responsibility to inform the OST staff/school of changes that may affect the health and safety of my student. This includes, but is not limited to:

- A. Changes in emergency contact information and individuals who can pick up my student.
- B. Illness or contagious diseases.
- C. Transportation arrangements.

I have read and fully understand the cooperative agreement and I agree to comply with the guidelines identified above.

The Enemy Swim Day School Out of School Time Afterschool Program supports and strongly encourages parents/guardians to be actively involved in the OST Program excursions, fundraising, special events and daily programming. Please feel free to call or visit the OST Program anytime!

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date