

STERLING PUBLIC SCHOOLS ENROLLMENT FORM

Student Must be Enrolled under their Legal Name

Last Name

First Name

Middle Name

Preferred Name

Grade Level

____-____-____

Date of Birth

____-____-____

Social Sec. Number

M_____F_____

As marked on birth certificate

Physical Address: _____ Primary Phone: _____

Mailing Address
(if different from above): _____ Student Cell Phone: _____

Ethnicity Please answer Both Questions

1. Is this Student of Hispanic culture or origin? Yes No 2. What is the Student's race? Please circle one or more of the following:

American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White/Caucasian

Place of Birth: _____
City State Country

Parent/Guardian Information

1st Parent/Guardian:

Last Name

First Name

Relationship to Student

Home Phone

Cell Phone

Work Phone

Employer

Job on Federal Property : Y N Uniformed Armed Service : Y N Residency on Federal Property: Y N

Email address: _____

2nd Parent/Guardian:

Last Name

First Name

Relationship to Student

Home Phone

Cell Phone

Work Phone

Employer

Job on Federal Property : Y N Uniformed Armed Service : Y N Residency on Federal Property: Y N

Is 2nd contact's address same as student's? **Y N** Address if different:

Email address: _____

Please list all other parties emergency contact and authorized to pick up student from school:

Name

Relationship to Student

Home Phone

Cell Phone

MEDICAL INFORMATION

Does this student require ANY medication during school hours? Y N List:

List any current medications, allergies, or illnesses:

All medication MUST be kept in the office.

I give permission for the school to administer this medication and acetaminophen/ ibuprofen as deemed necessary.

Y N

Parent signature

Additional Enrollment Information

Is the custody of this student decreed by the Courts? Y N

If yes, who has primary custody? Relationship

(Court documents declaring custody need to be in student's school file.)

Does the student reside in the Sterling school district? Y N If no, what district?

Did the student attend Sterling Public School last year? Y N If no, list name, address, and phone number of last school attended:

Please circle ALL that apply: Speech Therapy, Currently on an IEP (special education program), Physical Therapy, Occupational Therapy, 504 Accommodation Plan, Identified as Gifted & Talented, Free/Reduced Lunches

How does your child usually get home from school? (Circle one) Walk Car Bus Daycare

Is a language other than English spoken at home? Yes No List any language than English spoken in the home:

Does the student speak a language other than English? Yes No

- I give permission for my child to have access to the Sterling Public Schools network and Internet.
I give permission for my child's picture to be used in school publications (websites, newspaper, etc.).
I give permission for my child to participate in class field trips. (Information will be sent home prior to each trip.)
I consent to receiving non-emergency robo-calls from Sterling Public Schools at the telephone number I have provided to the District.
I give permission for my child to receive vision, hearing, and any other screening tests.
Do you have any degree of American Indian ancestry or have a CIDB card? Tribal affiliation
I have read and discussed the school bus policy and rules and agree that any student who cannot abide by these simple rules should be disciplined according to the school policy which may lead to losing school bus riding privileges.

In the event that school is dismissed unexpectedly, I want my child to: (check one)

- Ride the bus or walk home as usual
Call at this phone number to pick him/her up
Write specific instructions

PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT

Date _____ School _____ Grade _____

Students Name _____ Birth Date _____

Address _____ City _____ Zip _____ Home Phone _____

To Parent or Guardian: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls.

Students will not be allowed to travel to any function without this form completed by parents. Name Business Address Business Telephone

Mother _____

Father _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name _____ Name _____

Address _____ Tel _____ Address _____ Tel _____

Health Information: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition, etc.

Explanation _____

INSURANCE INFORMATION:

Insurance Company: _____

Phone: _____ Insurance I.D.# _____

Group#: _____ General information _____

Doctor: 1st choice _____ 2nd choice _____

Telephone # _____ Telephone # _____

Hospital Choice: Address _____ Telephone # _____

I, the undersigned, do hereby authorize officials of the Sterling School District to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physician, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Students Name Last _____ First _____ Initial _____

Signature of Parent or Guardian _____

STUDENT DISCIPLINE FORM

As a parent, I know that discipline is an important factor in the education of my child. I **approve** ___ **disapprove** ___ of my child receiving **swats** as deemed necessary according to discipline policy and will make every effort as a parent to work with the teachers to control my child's discipline. I will not bring any type of damages against the teachers or administration if I grant swats to be given. If I disapprove, I realize that after-school detentions and possible out-of-school suspensions will be the discipline given to my child. All this shall be done with parent notification.

Parent Signature

Child's Name

Date

Principal's Signature

Date

Sterling Schools

Internet Acceptable Use Policy

User Agreement

The following is a legally binding document. Please read carefully before signing.

Introduction

The internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. The board of education believes that the use of the internet will further the education at Sterling Public Schools by promoting the exchange of information and ideas. For that reason the school district has made internet available to staff and students.

Acceptable Use

Since the internet constitutes an unregulated collection of educational resources which change constantly, it is not possible to predict or control exactly what resources users may locate. The school district makes no guarantees of accuracy of the information or the appropriateness of materials which a user may encounter. Students and other users will refrain from intentionally accessing and downloading any text, picture, or on-line conferencing that includes material which is considered to be obscene, libelous, indecent, vulgar, profane, or lewd; advertises and product or service to minors prohibited by law; presents clear and present danger; or will cause the commission of unlawful acts or violation of lawful school regulations.

Privileges

The use of the Internet is a PRIVILEGE, not a right! Violation of the Internet Acceptable Use Policy will result in forfeiture of all Internet user privileges. Violators of the Internet Acceptance Policy will result in forfeiture of all Internet user privileges. Violators shall also be subject to appropriate disciplinary action.

INTERNET ACCESS CONDUCT AGREEMENT

Every student, regardless of age, must read and sign below:

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the school district's computer network and the internet. I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.

User's Name (print clearly) _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Status: Student ___ Staff ___ Patron ___ I am 18 or older ___ I am under 18 ___

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent or Guardian: (If applicant is under 18 years of age, a parent or guardian must also read and sign this agreement.) As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the school district's Acceptable Use and Internet Safety Policy for the student's access to the school district's computer network and the Internet. I understand that access is being provided to the student's for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the school district for computer network and Internet access against all claims, damages, losses and costs, of whatever kind that may result from my child's or ward's use of his or her access to such networks or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the school setting. I hereby give permission for my child or ward to use the building-approved account to access the school district's computer network and the Internet.

Parent or Guardian (please print): _____ Home Phone: _____

Signature: _____ Date: _____

Address: _____

This agreement is valid for the _____ school year only.