



# Carmi-White County CUSD# 5 Enrollment Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle Suffix

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip

Race: *Please check all applicable:*

- White  Black or African American  Asian  American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

**Parents/Guardians 1:** *List parents/guardians living with student (i.e., mom & dad or mom & stepdad)*

Name 1: _____	Name 2: _____
Cell#1: _____	Cell# 2: _____
Workplace: _____	Workplace: _____
Work#2: _____	Work# 2: _____
Email: _____	Email: _____
Address: _____	
Relationship to student _____	<i>(mom &amp; dad, mom &amp; stepdad, etc)</i>

**Is there anyone, by court order, who is not allowed to pick up this student? If so, who?\***

*\* The school must have legal documents on hand in order to enforce if the person listed is a parent*

**Parents/Guardians 2:** *(Other Parent Household, if applicable)*

Name 1: _____	Name 2: _____
Cell#1: _____	Cell# 2: _____
Workplace: _____	Workplace: _____
Work#2: _____	Work# 2: _____
Email: _____	Email: _____
Address: _____	
Relationship to student _____	<i>(mom &amp; dad, mom &amp; stepdad, etc)</i>

Does the student have a parent/guardian who is a member of a branch of the armed forces of the United States and who is either deployed to active duty or expects to be deployed to active duty during the school year?

Yes No  
(Please circle one.)

**Please complete the following regarding your child's current living situation:**

- Are you and your child living with others? Yes No
- If you answered yes, please circle whose home do you live in? Your home or their home? *Please circle one.*
- Are you or your child living in a motel/shelter/campground? Yes No
- Is your gas, electric or water currently turned off? Yes No
- Is the student living with someone other than the biological parent or legal guardian? Yes No
- If you answered yes, does the person you are living with have a court ordered guardianship? (Please give the school a copy of the paperwork)  
Yes No
- Is the student a foster child? Yes No

**Please list emergency contacts other than parents.** Include additional contact numbers on a separate sheet, if needed.

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this student have school-aged brothers and sisters living in the same household? If so, please list their names and schools they attend. (If more space is needed, please use a separate piece of paper.)

**CARMI-WHITE COUNTY C.U.S.D. NO. 5**

**Parental Authorization for 2019-2020**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Field Trip Authorization** – My child has my permission to go with his/her class on any field trips the class might take during school hours. Should any emergency arise, and in the event reasonable attempts to contact me at the telephone numbers listed below are unsuccessful, I hereby give my consent for the administration of emergency medical treatment to my child.

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

**Access to District Technology Acknowledgement** – A signature of each student below (and if under age 18, by his/her parent/guardian) is required as a condition of using the District Computer Technology. Signing acknowledges that a copy of the *Authorization for Electronic Network Access* has been received, read and agreement to follow said Guidelines.

**Permission to Publish on the Internet** – I hereby give permission for my photograph, picture, and/or project to be published on the Internet. I understand that my last name will not be used with the published photograph, picture or project.

(Please Initial) \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent Involvement** - I hereby give permission to be contacted by class or extracurricular sponsors for the purposes of volunteering for various activities.

(Please Initial) \_\_\_\_\_ Yes \_\_\_\_\_ No

**School Messaging Service (For Weather Related School Cancellations and School Notifications)**

Primary Phone _____	Primary Email _____
Secondary Phone _____	Secondary Email _____

**Parental Insurance Waiver** – As a service to students and their families, a student accident insurance plan and/or dental plan is being made available for your child at a very nominal cost through Gerber Life Insurance Co.

**REASONS TO PURCHASE THIS COVERAGE:**

1. Voluntary Student Accident is a separate policy that goes into place after the student's primary health insurance has been exhausted so there is more coverage to hopefully help parents/guardians not have to pay so much out of pocket.
2. No other insurance. If you have no other insurance, this will become your primary accident plan.

If you want to purchase coverage, student insurance applications are available online at [www.k12specialmarkets.com](http://www.k12specialmarkets.com) or you can obtain an application from the school office.

If you already have adequate insurance, please initial below.

\_\_\_\_\_ I hereby acknowledge that I have adequate insurance to protect my son/daughter in the case of an accident and waive the accidental coverage. (Please Initial)

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

Student Signature: \_\_\_\_\_

**CARMI-WHITE COUNTY C.U.S.D. #5  
ANNUAL HEALTH INFORMATION FORM  
ALL GRADES: EVERY STUDENT, EVERY YEAR**

Student's Last Name	First Name	Date of Birth	Grade Level
Physician's Name			

Check ( ) the box if your child has no history of medical problems, illness, or allergies and complete signature below.  
 No history of medical problems, illness or allergies. Immunization Exempt Yes No May share with IDPH Yes No

Check ( ) the box(es) if your child has a history of any medical problems &/or illness.

Asthma: Triggered by: \_\_\_\_\_ Uses Inhaler Yes No Uses Nebulizer Yes No  
 Severity: Mild/Intermittent Moderate Severe

Seizures: Date of last: \_\_\_\_\_ Has your child been prescribed Diastat? Yes No  
 Type: Grand Mal Petit Mal Partial Complex

Diabetes: Age Diagnosed: \_\_\_\_\_ Requires Carb Counting Yes No Takes Insulin Yes No  
 A plan of care must be in place – contact the district nurse.

---

Frequent Ear Infection: Tubes Yes No  
Hearing Problems: Hearing Aids Yes No  
Vision Problems: Wears Glasses Yes No Wears Contacts Yes No  
Skin Disorders: Eczema Psoriasis Other: \_\_\_\_\_  
Has your child had chicken pox: Yes No

---

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> In counseling: List physician's name and diagnosis _____
<input type="checkbox"/> Anxiety/Panic/Emotional Disorder	<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Speech Problems
<input type="checkbox"/> Autism / Aspergers	<input type="checkbox"/> Frequent Strep Throat <input type="checkbox"/> Stomach / Bowel Disorders
<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Headaches / Migraines <input type="checkbox"/> Other: _____
<input type="checkbox"/> Braces / Dental Appliances	<input type="checkbox"/> Kidney / Urinary Disorders

Check ( ) the box(es) if your child has a history of any allergies.

Allergy:	Please List:	Reaction:
<input type="checkbox"/> Latex	_____	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Medication	_____	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Foods	_____	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Insect Stings	_____	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Animals	_____	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____

Has your child been prescribed an EpiPen: Yes No  
 A note is required from the doctor for any allergy restrictions at school.

Please list any medication your child is currently taking.

Name of Medication:	Reason for Taking:	Home	School	Emergency
1. _____	1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your child has a serious illness/allergy that requires medication, it is important to keep the medication at school.  
 A medication authorization form must be completed by the parent/guardian and doctor to be kept on file at school.

I consent that information on this form may be shared with appropriate school personnel for health and educational purposes. The school nurse may consult with your child's physician regarding medical conditions and/or medications when necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

\_\_\_\_ New Student  
\_\_\_\_ Effective Date

\_\_\_\_ Student Change of Address  
\_\_\_\_ Effective Date

\_\_\_\_ Student Address Did Not Change

**STUDENT'S STREET ADDRESS IS REQUIRED TO BE COMPLETED ON THIS FORM.**

**CARMI-WHITE COUNTY TRANSPORTATION  
INFORMATION SHEET**

**\*NOTE: ALL STUDENTS ARE NOT ELIGIBLE TO RIDE A BUS!**

STUDENT INFORMATION		
NAME: _____		DATE OF BIRTH: _____
BUILDING: _____	GRADE: _____	TEACHER: _____
PARENT INFORMATION		
PARENTS' NAME(S): _____		HOME PHONE: _____
STREET ADDRESS: _____		WORK PHONE: _____
(OPTIONAL) P.O. BOX: _____		
CITY _____	STATE _____ ZIP _____	

PLEASE WRITE OUT DIRECTIONS TO YOUR HOME IN THE SPACE BELOW IF YOU HAVE A "911" ADDRESS: (If you know the name of the bus driver who drives in your area, please list it.)

Will student ride the school bus? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please mark: A.M. Only \_\_\_\_\_ P.M. Only \_\_\_\_\_ Both A.M./P.M. \_\_\_\_\_  
If no information is given, student will be assigned to ride both A.M./P.M.

PLEASE GIVE A DESCRIPTION OF YOUR HOME: (house, trailer, color, etc.)

**\*Eligibility to ride district busses is determined by the location of each child's residence. Completion of this form does not guarantee that a student will be eligible for school transportation.**

8/09

## PARENT-TEACHER-STUDENT-PRINCIPAL COMPACT

We know that learning can take place only when there is a combination of effort, interest, and motivation. As we are all committed to your child's progress in school, we are going to do our best to promote his/her achievement. This compact is a promise to work together, and it can be fulfilled by our team effort. Together we can improve teaching and learning.

In support of learning, as a parent/caring adult, I will...

- expect my child to do his/her best
- send my child to school regularly, rested, and on time
- find out how my child is doing in school by attending conferences, looking at school work, and responding to communications
- support the school in every effort to maintain proper discipline
- provide quiet study time at home to work on assignments
- read with and to my child and let my child see me reading
- check with teacher for assignments if child is absent

---

**Parent/Caring Adult Signature**

In support of learning as a student, I will....

- attend school regularly
- read assignments at home and do my homework to the best of my ability
- return my books and homework daily
- ask for help when I need it
- always have pencils, paper, and necessary school supplies
- follow school rules

---

**Student Signature**

In support of learning, as a teacher, I will ...

- provide an environment that allows for positive communication among the teacher, parent, and student
- provide appropriate materials and positive experiences for the student
- explain my expectations, instructional goals, and record keeping to parents
- inform parents of progress periodically
- send reading material home
- support and encourage every effort made by the student

---

**Teacher Signature**

In support of learning as a principal, I will ...

- provide an environment that allows for positive communication among the teacher, parent, and student
- provide positive experiences for parents and students
- support and encourage every effort made by the student
- provide a safe learning environment
- inform parents of school activities

---

**Principal Signature**



**Student/Parent Handbook Acknowledgement and Pledge**

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

**Student Acknowledgement and Pledge**

I acknowledge receiving and/or being provided electronic access to the Student/Parent Handbook and School Board policy on student behavior. I have read these materials and understand all rules, responsibilities and expectations. In order to help keep my school safe, I pledge to adhere to all School and School District rules, policies and procedures.

I understand that the Student/Parent Handbook and School District policies may be amended during the year and that such changes are available on the School District website or in the school office.

I understand that my failure to return this acknowledgement and pledge will not relieve me from being responsible for knowing or complying with School and School District rules, policies and procedures.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Parent/Guardian Acknowledgement**

I acknowledge receiving and/or being provided electronic access to the Student/Parent Handbook and School Board policy on student behavior. I have read these materials and understand all rules, responsibilities and expectations.

I understand that the Student/Parent Handbook and School District policies may be amended during the year and that such changes are available on the School District website or in the school office.

I understand that my failure to return this acknowledgement will not relieve me or my child from being responsible for knowing or complying with School and School District rules, policies and procedures.

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

\_\_\_\_\_  
Date

*Carmi-White-County Junior High School*  
**Permission Form for G Suite for Education**

**By signing below, I confirm that I have read and understand the following:**

- G Suite for Education runs on an Internet domain purchased and owned by Carmi-White County CUSD 5 and is intended for educational use only.
- By default, advertising is turned off for the school's G Suite for Education domain.
- No personal student information is collected for commercial purposes.
- Junior High School Students will only be able to send and receive email from teachers and other students in their class(es).
- All outside email is blocked. (Exceptions would require separate parent/guardian approval for programs requiring students to email outside of the of the CWCCUSD5 domain.)
- Students have no expectation of privacy on the G Suite system. School staff, and administrators all have access to student email for monitoring purposes.
- Access to and use of G Suite for Education is considered a privilege and is at the discretion of CWCJH School.
- CWCJH maintains the right to immediately withdraw access and use of G Suite for Education when there is reason to believe violations of law or school policies have occurred.

\_\_\_\_\_  
Print Student's Name ("Student")

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Parent/Guardian's Name (printed)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

With parental permission, your student will be given a G Suite for Education account with an associated email account to use only with their class(es) and teacher(s). To gain access to the apps within G Suite for Education, students under the age of 13 must first obtain permission, as verified by your acceptance or digital signature of this document. Students 13 and above must also obtain permission if using Google or third party Apps beyond the G Suite for Education core apps.

\_\_\_\_\_ **By selecting "Accept" for this Authorization, I give permission** for my child to be assigned a Carmi-White County CUSD 5 G Suite for Education account. This means my child will receive a restricted email account and access to G Suite for Education. I understand that I may ask for my child's account to be removed at any time.

\_\_\_\_\_ **By selecting "Deny" for this Authorization, I am stating that I do not give permission** for my child to be assigned a Carmi-White County CUSD 5 G Suite for Education account. This means my child will NOT receive a restricted email account nor access to G Suite for Education.

*For additional information about privacy and safety, Google's "Trust" site provides an excellent guide to staying safe and secure online. The guide can be accessed at <https://www.google.com/edu/trust/>*

**Technology use in Carmi-White County CUSD 5 schools is governed by federal laws including:**

- Children's Internet Protection Act (CIPA)

<https://www.fcc.gov/consumers/guides/childrens-internet-protection-act>

- Children's Online Privacy Protection Act (COPPA)

<https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions>

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13.

- Family Educational Rights and Privacy Act (FERPA)

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

# G Suite for Education



Classroom



Gmail



Drive



Calendar



Docs



Sheets



Slides



Sites

Dear Parents/Guardians,

Carmi-White County Junior High School recognizes that technology and Internet resources offer a wide variety of educational opportunities and tools that can enhance learning. G Suite for Education is one of the important tools utilized by teachers and students to help students succeed. Use of G Suite is at the discretion of the classroom teacher and will only be used when appropriate for the student's grade level and learning objective. We are very excited about the possibilities that G Suite offers students and teachers in the classroom as we strive to provide our students with 21st Century skills.

CWCCUSD5's G Suite for Education domain is different from a personal Google account and is **NOT open to the public**. It is a safe and secure "self-contained" cloud-based system that is unique to our domain. Features typically available to personal Google accounts like video chat, personal profiles and social networking will **NOT** be accessible to our students. Teachers will have the ability to monitor everything that a student does within G Suite.

This permission form describes the tools and student responsibilities for using these services. As with any educational endeavor, a strong partnership with families is essential to a successful experience.

The following Google services will be available to each student and hosted by Google as part of CWCJH's online presence in G Suite for Education:

- **Gmail:** A private email address that can only be used to send and receive email for specific teacher directed projects and communication.
- **Drive:** A secure online space where students will store all of their digital work. In Google Drive students can create Google Docs, Google Sheets, Google presentations using Slides, Google Drawings and they are all stored on the web. Anywhere that students have access to the internet, they can access their work. Students will be able to work on projects at school and at home. Applications in Google Drive can be shared for collaboration.
- **Calendar:** An individual calendar providing the ability to organize schedules, daily activities, and assignments.
- **Classroom:** Classroom is designed to help teachers create and collect assignments paperlessly, including time-saving features like the ability to automatically make a copy of a Google Document for each student. It also creates Drive folders for each assignment and for each student to help keep everyone organized.
- **Selected Apps:** Selected apps will be available to students when requested by teachers and when safe, and appropriate.

Student use of G Suite for Education is governed by CWCJH's Chromebook Agreement, Technology Acceptable Use Policy, and the CWCJH Student-Parent Handbook. Students are responsible for their own conduct at all times when using G Suite for Education, just as they are when they use any technology resources the school offers. Students retain the intellectual property rights of any work that they create and store on the Google Drive. There are no ads in G Suite for Education. Google will not sell data to third parties nor will they share information in G Suite with third parties except if required to do so by law.

CWCJH encourages all parents to share in the G Suite for Education experience by logging in with your child to see the types of activities and educational experiences that are offered.