



Information Update Sheet

2018-2019 School Year

Student Name	Home Phone
Mother's Name	Parent/Guardian Email
Mother's Cell #	
Father's Name	Mother's Work #
Father's Cell #	Father's Work #
Home Physical Address	
Home Mailing Address	
<i>List of Emergency Contacts that we contact if parent/guardian is not available.</i>	
Emergency Contact	Phone #
Emergency Contact	Phone #
<i>List persons, with phone number, other than parent/guardian who may check student out of school.</i>	
1.	Phone #
2.	Phone #
3.	Phone #
4.	Phone #
5.	Phone #
Will your child be the first generation to receive a four year college degree? YES <input type="checkbox"/> NO <input type="checkbox"/>	
I desire a conference to discuss my student's special needs (i.e. Special Education, IEP, Medical, etc) <input type="checkbox"/>	
I prefer to have information mailed to my home and understand that I will be charged a fee of \$5.00 per year for this service? <input type="checkbox"/>	

HURRICANE INTERMEDIATE SCHOOL

POLICY DISCLOSURE

We have reviewed the following Washington County School District and Hurricane Intermediate School Policies: *(Initial each item below)*

_____ Acceptable use Policy for the Internet (found on the reverse side of this page)

_____ Zero-Tolerance Behavior / Safe School Policy

_____ Dress Code

_____ Attendance Policy

_____ The school has permission to publish the student's name and picture in newspaper, television, or other media outlets for school-related activities.

_____ The student will be assigned a gmail account for educational purposes only.

_____ Cell phone policy

_____ Student Name (Please Print)

_____ Initial

_____ Grade

_____ Parent Signature

_____ Date

Questions or comments can be addressed to Mr. Christensen or Mr. Pedersen at Hurricane Intermediate School at (435) 635-8931.

Hurricane Intermediate School Chromebook Use Contract

My parents and I have discussed the school district Technology Acceptable Use Policy and I, *[print]* _____, agree to the following:

- I will only use the computer with an adult in the room.
- I know that misuse of the computer could lead to serious consequences, including loss of network privileges, disciplinary action, and/or referral to legal authorities.
- I will not share any personal information (such as name, address, or phone number of my parents, classmates, teachers or anyone else) over the Internet.
- I will not give my account name or password to any other student or use another student's login.
- In addition, I understand that my parents will have to pay for anything I break, destroy or steal.

Student Name _____ Date _____

Parent/Guardian Consent Form

I, *[print]* _____, the parent/guardian of the above student, agree to accept all legal and financial obligations which may result from my student's use of Washington County School District's and Hurricane Intermediate School's Chromebooks and the Internet. I also understand that I am liable for any damages incurred from theft or damage of school property.

As the parent or guardian of this student, I understand the WCSD Technology Acceptable Use Policy which was signed previously and understand this access is designed for educational purposes. I also understand the school district has taken all available precautions to eliminate controversial materials. I will not hold the school or district responsible for inappropriate materials acquired through the Internet. Further, I accept full responsibility for the actions of my child.

Please place a check mark in the boxes below for either Yes or No:

I grant permission for my child to use Chromebooks and the Internet at Hurricane Intermediate School as provided by the school district.

Yes

No

I grant permission for my child to use a school e-mail account for instructional purposes only (**required for access to the Chromebooks**).

Yes

No

Parent Signature _____ Date _____

Kindle User Agreement

(Signing this agreement is OPTIONAL)

Hurricane Intermediate School Library

Valid for School Year 2018-2019

Parent Kindle Agreement:

I agree to give my child permission to check out a Kindle. I understand and assume complete financial responsibility for the Kindle while it is checked out to my child.

- 1) The replacement cost of the Kindle is the current prevailing price and the replacement cost of the case is \$35.00. If the Kindle is lost, stolen or damaged beyond repair, I will be responsible for all replacement fees. All other damages will be evaluated and assessed fees accordingly, i.e. books that were paid for that were loaded onto the Kindle.
- 2) Kindles may be checked out for 14 days and may be renewed at the discretion of the library. If a user disregards the loan period and returns the Kindle late, future use may be jeopardized and will be at the discretion of the library.
- 3) A Kindle that is not returned by the due date will be considered late on the 15th day. A **50¢ per day** late fee will be charged to the student's account.
- 4) All rules for use of the network, internet, and other electronic devices from the **WCSD Student Technology Policy** apply when using a Kindle.
- 5) Do not attempt to register, deregister, or reregister the Kindle to a personal Amazon account.
- 6) The Kindle is not allowed to be used by anyone unaffiliated with **Hurricane Intermediate School**.
- 7) Do not leave the equipment unattended at any time.
- 8) Please take a moment to read through the **Student Kindle Responsibility Agreement** with your child.

By signing this, I understand that I am agreeing to comply with all aspects of this Kindle User Agreement.

Parent Printed Name _____

Parent Signature _____ Date _____

Student Kindle Responsibility Agreement:

I agree to take care of the Kindle while it is signed out to me. I understand that I am responsible for any damage that may occur while it is checked out to me. I will return it directly to the librarian and I will not leave it unattended. I will not let another student borrow it.

- 1) Please tell the librarian if there is anything wrong with the Kindle when you return it.
- 2) Do not put anything on top of the Kindle.
- 3) Do not eat or drink around the Kindle.
- 4) Kindles may be checked out for 14 days and may be renewed at the discretion of the library.
- 5) Do not download or delete any titles.
- 6) Do not loan to anyone else.

I have read, understand, and will comply with all aspects of this Kindle User Agreement.

Student Printed Name _____

Student Initial _____ Date _____

Received by _____ Date _____

Revision 04 - 05-25-2016

Washington County School District

Student Residency Questionnaire for McKinney-Vento Eligibility

This questionnaire is intended to address the McKinney-Vento Education Assistance Improvement Act 42 U.S.C. 11435. The answers to this questionnaire help determine the services the student is eligible to receive.

1. Is ***the student's*** current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary arrangement due to loss of housing? _____ Yes _____ No
or due to economic hardship? _____ Yes _____ No
or some other reason? _____ Yes _____ No

If you answered YES to either of the above TWO questions, please complete the remainder of this form.

If you answered NO to both questions (1 and 2), you may stop here.

Which of the situations below apply ***to the student?***

- H1 ***Student*** is sharing a residence with one or more families temporarily.
- H2 ***Student*** is living in a motel or hotel.
- H3 ***Student*** is living in a shelter (domestic violence, emergency, or transitional housing units).
- H4 ***Student*** is living in a car, park, campground, or public place.
- H5 ***Student*** is living in a place without adequate facilities (running water, heat, electricity).
- H6 ***Student*** is seeking enrollment without an accompanying parent (not in foster care).

Student is “physically” living with a parent or guardian in the above situation? _____ Yes _____ No

Yes = Accompanied N = Unaccompanied

- IF a false claim is made about your living situation, enrollment may be affected.
 - *Please notify the school if your living status changes.
-

Please list all your children that will be enrolling in the Washington County School District at this time:

Student's Name	Student's School	Grade	Gender	Date of Birth

Circle the one that applies: I am the parent / court appointed legal guardian / responsible adult **of the above child(ren).**

PRINT name: _____ Signature: _____ Today's Date: _____

**** Office Staff **** Please make enough copies for the parent to take to the other schools within our district. **Also, remember to enter this information into PowerSchool and then email me YOUR student's name, homeless code, and YES or NO for being accompanied or not.**

Thank you! *Homeless Liaison*