

August 1, 2017

Pawnee School RE-12
P.O. Box 220
Grover, CO 80729

Dear Parent/ Guardian,

Enclosed you will find several forms relating to this school year. You will find the Student Enrollment form, an Emergency Medical Authorization form, a Colorado Department of Education English Language Proficiency Act Program School Effectiveness Unit form, and a Race/ Ethnicity form. This paperwork is used as a source for communication information with you in regard to your child, as well as a source of information for reports the school must submit to the State of Colorado. Please fill out each of these forms as honestly and completely as you can, one for each of your children attending Pawnee School this year, and return it to the school office as soon as possible. It would be most helpful if these forms were returned by August 10th.

Enclosed you will also find the 2017-2018 School Calendar. Please keep this form for your own reference. We hope to see you at several Pawnee School activities this next year.

Parents, you will also find the Free and Reduced Lunch Form, the Student Sign off Sheet regarding you and your child's understanding and agreement with the Student Handbook, and the Pawnee School-Parent Compact. The school would like the Free and Reduced Lunch Forms to be returned, along with the other paperwork by no later than August 10th. This form helps our school, but also may make your child's school lunches more affordable for your family. The Student Handbook can be found on the school website at www.pawneeschool.org. The Student Sign-off Sheet, the form that will indicate to the school that you understand these policies, must be returned to the school by the 10th of August.

Please take note of the junior high and high school sports forms. Please fill out and return a Physical Form, Insurance Coverage form, the Pawnee School Athletic Training Policy form, the Warning to Students and Parents form, and the CHSAA Competitor's form by August 10th. **Your child will be unable to practice or participate in volleyball or football until all 7 forms are completed and returned to the school.** Should your child not play volleyball or football, we still ask that you turn these forms in by August 10th, as it is far easier to keep track of paperwork when it is not continually trickling in. If you did not receive all 7 forms, please stop by the school office and pick up what you are missing.

Thank you in advance for your assistance in returning these forms in a timely manner.

Sincerely,

Pawnee School Office Staff

School Forms Checklist

- ◆ **Athletic information** (1 for each child participating in sports this year)

ALL of the following forms must be completed and turned in no later than August 10th. If all forms are not complete and turned into the school by the 10th of August, your student will not practice.

- **Physical form**
- **Insurance Coverage form**
- **Student Eligibility Information Form**
- **Pawnee School Athletic Training Policy form**
- **Warning to Students and Parents form**
- **CHSAA Competitor's Brochure**
- **The Athletic Emergency Contact form**

- ◆ **Free and Reduced Lunch Form** (1 for the whole family)
Due by August 10th

- ◆ **The Student Enrollment form** (1 for each child)
Due by August 10th
 - **Student, Parent and Medical Information form**
 - **Emergency Medical Authorization form**
 - **CDE English Language Proficiency Act Program form**
 - **Race/ Ethnicity form**
 - **Emergency School Cancellation form**
 - **Student/Parent Handbook Policy Agreement Sign Off Sheet**
 - **Internet Use Agreement**
 - **Student Release Form**

- ◆ **Other forms you may be receiving**
 - **Medication Administration Permission in School form**
(Please keep this form on file at home. You will need to fill this form out, and have your physician fill this out, one for each medication you will need the school to administer to your child.)

Pawnee School District Re-12
PO Box 220
Grover, CO 80729

Dear Parents:

Please fill in the following information, one form for each of your children, and return it to the school office. THIS INFORMATION IS VERY IMPORTANT. Also attached is an emergency medical authorization form that the school must have on file for each student. Thank you for your assistance in allowing Pawnee School to more fully serve your child and his or her needs.

| Student Information | | | | |
|--|-----------------------|-----------------------------------|--------------------------------|-----------------------|
| Student's Legal Name: _____ | | Date of Birth ____/____/____ | | |
| (First) | (Middle) | (Last) | | |
| Grade: _____ | Sex: _____ | Social Security #: ____/____/____ | | |
| Parent Contact Information | | | | |
| Parent's Name (or Guardian): _____ | | | | |
| Mailing Address: _____ | | | | |
| Physical Address: _____ | | | | |
| City: _____ | | State: _____ | | Zip Code: _____ |
| Home Phone: _____ | | | | |
| Mother's Work Phone: _____ | | Mother's Cell: _____ | | |
| Father's Work Phone: _____ | | Father's Cell: _____ | | |
| Mother's e-mail Address: _____ | | | | |
| Father's e-mail Address: _____ | | | | |
| Emergency Contact Person: _____ | | | Relationship to student: _____ | |
| Emergency Contact Person's Home Phone: _____ | | | | |
| Emergency Contact Person's Cell Phone: _____ | | | | |
| Student Health Information | | | | |
| Primary Doctor: _____ | | | | |
| Doctor's Phone: _____ | | | | |
| Allergies or Illnesses- (medications, foods, insects, latex, etc.) Please list any that may apply to your child: | | | | |
| Type of Allergy or Illness | Reactions or Symptoms | | | |
| | | | | |
| | | | | |
| | | | | |
| Current Medications: Please include any and all medication your child will be taking during the school day. | | | | |
| Medication Name | Dose | Time When Taken | Start Date | Purpose of Medication |
| | | | | |
| | | | | |
| | | | | |
| Please Note: A separate medication administration form must be completed by the parents & physician for EACH medication your child will need to take during the school day. Any medical problems that prohibit students from eating (drinking) certain foods must be so noted by a physician. The physician must submit in writing to the school office a statement of how long the student must not eat certain foods. This will exempt those students from being served certain foods in the school lunch program. | | | | |

Signature: _____ Date: ____/____/____
 (Parent or Guardian)

EMERGENCY MEDICAL AUTHORIZATION

Student Name

Minor injury

I understand that in the case of minor injury* school district personnel shall administer first aid and send my child back to class.

Serious injury (but not threatening to life, limb or digit)

In the event my child is in pain or requires medical treatment beyond first aid for a serious, but not life/limb or digit threatening injury*, I understand the school district will attempt to contact me (or any of the persons I have listed on the opposite page) so that I can obtain medical treatment for my child.

Severe injury (threatening to life, limb or digit)

In the event my child suffers a severe injury or illness requiring immediate medical attention*, I understand that school district personnel will call 911 to notify emergency health personnel. School personnel will then attempt to contact me (or any of the persons I have listed on the opposite page) so that I may proceed to the hospital.

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

(COMPLETE PART I ONLY OR COMPLETE PART II ONLY)

PART I: TO GRANT CONSENT

I hereby authorize, consent to, and agree to be responsible for any costs associated with, the transportation of my child, including ambulance service, and any medical test, procedures and/or treatment performed on my child as deemed necessary by a medical health professional.

In the event reasonable attempts to contact me at _____ (Phone) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (Preferred physician) or Dr. _____ (Preferred dentist) or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (Preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I understand that school district personnel cannot be held liable for any good faith effort to provide emergency care or assistance to my child.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date

Signature of Parent or Guardian

PART II: REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take no action or to: _____

Date

Signature of Parent or Guardian

Colorado Department of Education
English Language Proficiency Act Program (ELPA)
School Effectiveness Unit

Parent Checklist

-Required for First year Students, and Student new to the Pawnee School system, only-

Student's Name: _____ **Grade:** _____

School: _____

Parent's or Guardian's Name: _____

Address: _____

1. Is your child's primary or home language other than English?
(Check one): Yes ____ No ____

2. If your child speaks or understands a language other than English, what is the language? _____

3. How often is language other than English used in your home?
(Check only one):

____a. Only the other language and no English
____b. Other language more often than English.
____c. Other language and English equally.
____d. English more often than the other language.
____e. Only English.

4. Please describe the language spoken by your child. **(Check only one):**

____a. Speaks only the other language and no English.
____b. Speaks mostly the other language and some English.
____c. Speaks the other language and English equally.
____d. Speaks mostly English and some of the other language.
____e. Speaks only English.

5. Please describe the language understood by your child. **(Check only one):**

____a. Understands only the other language and no English.
____b. Understands mostly the other language and some English.
____c. Understands the other language and English equally.
____d. Understands mostly English and some of the other language.
____e. Understands only English.

Parent or Guardian's Signature

Date

RACE/ETHNICITY

Student Name

Note that changes to the reporting for Hispanics and Asians have been made. Hispanics must report race in addition to ethnicity. Asians can choose from two categories- Asian, or Native Hawaiian or Pacific Islander.

1. Do you consider your child to be of Hispanic/Latino origin (*choose only one*)?
 - No, not **Hispanic/Latino**
 - Yes, **Hispanic/Latino**. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

You must answer both part 1 and part 2 questions. Part 1 question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by selecting one or more races from the five racial groups listed below.

2. Which of the following groups describes your child's race? (*choose one or more*)
 - **American Indian or Alaska Native**. A person having origins in any of the original peoples of North and South America (Including Central America), and who maintains tribal affiliation or community attachment.
 - **Asian**. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - **Black or African American**. A person having origins in any of the black racial groups of Africa.
 - **Native Hawaiian or Other Pacific Islander**. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - **White**. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Signature: _____ **Date:** _____

Note: Failure to answer both questions will result in use of prior racial/ethnic data or an observer identifying for you.

Note: The United States Department of Education has directed how various combinations of race/ethnicity are to be reported. All persons identifying Hispanic/Latino will be reported as 'Hispanic'. Non-Hispanic persons who identify with a single race will be reported within the specified category. Non-Hispanic persons who identify with multiple races will be reported within 'Two or more races'.

**Emergency School Cancellation Form
and
Alternate Bus Route Form
2017-2018**

Should school be canceled for any reason, before the normal school release time, and the school can not get a hold of me using the contact information I provided in the child's Student Enrollment package, my child/children;

(name of your child or children)

◇ Should be delivered by bus to _____
(address of alternate drop off)

◇ I give permission to the school to call and then release my children to

(name and phone number of a friend or relative whom your children can be released to)

◇ Other _____

(please describe your instructions in detail)

Parent Signature

____/____/____
date

Please circle, and fill in the choice that will work best for your family.

This portion of the form is for parents with children who, for example, need to be dropped off at a grandparent's house on Tuesdays and Thursdays every week. Please indicate who is driving the alternate route your child will need to be on, what day or days of the week, and how often your child will be riding an alternate bus, such as weekly, every other week, once a month, etc.

Should this situation only occur occasionally, do not fill out this portion of the form. Simply send a note to the school, on the day your child will need to ride a different bus describing what bus your child needs to ride, and to where.

My child will need to ride on _____'s bus route on the following day/days of the week _____ to (address) _____. My child will do this _____.

Pawnee School-Parent Compact

The Pawnee Elementary School and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

This school-parent compact is in effect during school year of 2017-2018.

Required School-Parent Compact Provisions

School Responsibilities

The Pawnee Elementary School will:

Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:

1. The school provides professional development to create more highly qualified teachers in more subject areas as well as motivate instructors to stay current and abreast of effective teaching strategies.
2. The Pawnee School District RE-12 will use the Colorado State Standards as guidelines for our curriculum and revise what is being taught at the school by evaluating the curriculum and testing results from testing our students yearly on CSAP and quarterly on the Ed-performance software purchased by the district. We will continually reflect on best practices and use those to educate our students in a supportive learning atmosphere. Hold parent-teacher conferences twice a year during which this compact will be discussed as it relates to the individual child's achievement. Specifically, those conferences will be held after the first and third quarter.

Provide parents with frequent reports on their children's progress.

Specifically, the school will provide reports as follows:

Report cards and midterm reports will be sent home eight times per year; at mid-quarter and at the end of each quarter. We also send home a monthly news letter and progress reports of academic concern on a weekly basis. We invite parents to the assemblies that are held at the school.

Provide parents with reasonable access to staff.

Specifically, staff will be available for consultation with parents as follows:

Staff members are available upon request and availability for meetings with parents.

Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities, as follows:

1. Parents are involved in the analyzation of textbook adoption through the accountability committee, attendance at school functions, Parent/Teacher conferences, Gifted and Talented meetings, and discussions of results on district testing and through surveys.
2. Parents attend school plays, musicals, class parties for holidays, and occasional birthday parties.
3. We have a high percentage of parental substitutes as well.
4. We have a parental involvement dinner in the spring that provides information about the school to patrons in the community.

Parent Responsibilities

We, as parents, will support our children's learning in the following ways:

Monitoring attendance.

Making sure that homework is completed.

Monitoring the amount of television my children watch.

Volunteering in my child's classroom.

Participating, as appropriate, in decisions relating to my children's education.

Promoting positive use of my child's extracurricular time.

Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate.

Student Responsibilities

We, as students, will share the responsibility to improve our academic achievement and achieve the State's high standards. Specifically, we will:

Do my homework every day and ask for help when I need it.

Read at least 30 minutes every day outside of school time.

Give to my parents or the adult who is responsible for my welfare all notices and information received by me from my school every day.

Take responsibility for my learning by being an active participant in my education.

Pawnee School District RE-12
P.O. Box 220
Grover, CO 80729

Parents and Students of Pawnee School,

Please sign and date below, and return this form to the Pawnee School office. You may mail this form to the above address, or bring it to the office during regular business hours.

Pawnee School Parent/Student Handbook Policy Agreement

By signing this form, you hereby agree that you have read, understand, and will follow the policies stated in the 2017-2018 Student Handbook, provided you by Pawnee School District RE-12. This form must be signed by a parent or guardian, and all students that will be attending Pawnee School during the 2017-2018 school year.

_____ /_____/_____
(Signature of Parent/Guardian)

_____ /_____/_____
(Signature of Parent/Guardian)

_____ /_____/_____
(Signature of Student)

Internet Use Agreement

Item: Student Use of the Internet

EHC

The Internet, a global computer network, has vast potential to support curriculum and student learning. The Board of Education believes the Internet should be used in schools as a learning resource to educate and to inform.

The Internet offers an opportunity for students to:

1. Participate in distance learning activities
2. Ask questions of and consult with experts
3. Communicate with other students and individuals
4. Locate material to meet their educational and personal information needs

Internet activities:

1. Require students to think critically, analyze information and write clearly
2. Instill problem-solving skills
3. Hone computer and research skills that employers demand
4. Encourage an attitude of lifelong learning

Because of these educational benefits, the Board believes the educational information and interaction available on this worldwide network far outweighs the possibility that users may procure material not consistent with the education goals of the District. Opportunities should be made available on a regular basis for parents to observe student use of the Internet in the schools.

The Internet is a fluid environment in which information available to students is constantly changing. The Board acknowledges that it is impossible to predict with certainty what information students might locate. The electronic information available to students does not imply endorsement by the District of the content, nor does the district make any guarantee as to the accuracy of information received on the Internet.

The district will make every effort to see that this educational resource is used responsibly by students. Administrators, teachers and staff have a professional responsibility to work together to help students develop the intellectual skills needed to discriminate among information sources, to identify information appropriate to their age and development levels, and to evaluate and use information to meet their educational goals.

The Board directs the superintendent to develop procedures for student exploration and use of electronic information resources. Such procedures should address issues of privacy, ethical use of information, illegal and/or unauthorized uses of the networks and conditions of usage. Use of this education resource demands personal responsibility and an understanding of the acceptable use procedures for the Internet. Student use of the Internet is a privilege, not a right. General rules for behavior and communications apply when using the Internet. Failure to follow the acceptable use procedures will result in the loss of the privilege to use this educational tool.

Item: Student Use of the Internet (Acceptable Use Agreement)

EHC*-E

Terms and Conditions

All computers having Internet access must be used in a responsible, efficient, ethical and legal manner. Failure to adhere to this Agreement will result in revocation of access privileges.

1. Acceptable use: The use of your Internet account must be consistent with the educational objectives of the Pawnee School District. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to:

- a. copyrighted material
- b. threatening or obscene material
- c. material protected by trade secret

2. Privilege: The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrator(s) will deem what is inappropriate use and that decision is final. The system administrator(s) may close an account at any time, as required. The administration, faculty and staff may request the system administrator to deny, revoke or suspend specific user accounts.

3. No warranty: The Pawnee School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Pawnee School District will not be responsible for any damages you suffer in using the Internet. This includes loss of data resulting from delays, non-deliveries, mis-deliveries or service interruptions. Use of any information obtained via the Internet is at your own risk. The Pawnee School District specifically denies any responsibility for the accuracy or quality of information obtained through this service.

4. Security: Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on the Internet, you must notify a system administrator. Do not demonstrate the problem to other users. Do not use another individual's account without written permission from that individual. Attempts to log on to the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk, or as having a history of problems with other computer systems, may be denied access to the internet.

5. Vandalism: Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or any agencies or other networks that are connected to the Internet. This includes, but is not limited to, the uploading or creation of computer viruses.

I understand and will abide by the above Agreement. I further understand that a violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

Your signature on the Acceptable Use Agreement is legally binding and indicates that the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

Student's signature _____ Date _____

Parent or Guardian

If the user is under 18 years of age, a parent or guardian also must sign this Agreement.

As the parent or guardian of this student, I have read the Acceptable Use Agreement. I understand that this access is designed for educational purposes and that the Pawnee School District has taken precautions to eliminate controversial material. I also recognize, however, that it is impossible for the Pawnee School District to restrict access to all controversial materials and I will not hold the District responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting.

I hereby give permission to issue an account for my child and certify that the information contained on this form is true and correct.

Parent/guardian: _____

(Please Print)

Parent/guardian: _____ Date: _____

Student Release Form

Parent/Guardian:

This form is required for each student. Any person who is not a parent or legal guardian must be listed on this form in order to pick up your student for any reason. No student will be released to anyone who is not listed on this form unless they are the student's parent or legal guardian. Please list all family members, friends, etc. that you think you may need to pick your student up throughout the school year.

Please note: If a person is listed on this form, a parent or legal guardian must still notify the office via telephone call or a signed note that your student will be going home with someone else that day before we will release them.

Student's Name: _____ **Grade:** _____

Please select either Option A or Option B.

A) _____ List the person(s) you will allow to pick your student up from school below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

B) _____ No one is to pick up my student for any reason who is not a parent or legal guardian.

Parent or Guardian's Signature

Date