Print Form

WHITE PINE COUNTY SCHOOL DISTRICT

☐ Baker Elementary
☐ Lund Elementary
☐ Lund Middle School
☐ McGill Elementary
☐ White Pine High School
☐ David E. Norman Elementary
☐ Early Childhood
☐ Lund High *School*
☐ White Pine Middle School
☐ Steptoe Valley High School

Todays Date _____
Enrolled by _____
Name

Nevada Law requires that all students be fully immunized and show proof of identity (i.e., birth certificate or court document) prior to enrollment.

All students are required to be enrolled by their LEGAL NAME

Last Name | First Name | Middle Name | ☐ Male ☐ Female

Familiar Name | Date of Birth | City & State of Birth | Grade

Country of Birth if other than U.S.A. | Date Entered into U.S.A. (if applicable)

SS# | Providing your child's SS# is not required and you may leave this field blank if you wish. If you provide your child's SS#, the information will be handled according to strict State and Federal guidelines for confidentiality and will be used solely for District and State educational research and reporting.

Student's Primary Physical Address | City | State | Zip

Student's Primary Mailing Address | City | State | Zip

Please indicate with whom this student resides:

☐ Both Parents ☐ Father Only ☐ Mother Only ☐ Mother/Stepfather ☐ Father/Stepmother ☐ Relative ☐ Foster Parents ☐ Guardian*

☐ Other _____

* If Legal Guardian is other than Parent, legal documentation is required to be provided to the school.

Please list any circumstances about the custody of your child that we should know about, which limit the sharing of records, picking up of your child, etc.

_____

~ It is the responsibility of the parent/guardian to keep the school informed of changes in custody by providing the office current and complete documents each year and after any changes.

Father or Male Guardian's Name _____ Relationship_____ Address	Place of Employment	Work Phone	Home Phone	Cell Phone	Email Address
Mother or Female Guardian's Name _____ Relationship_____ Address	Place of Employment	Work Phone	Home Phone	Cell Phone	Email Address
Second Male parental/guardian Name _____ Relationship_____ Address	Place of Employment	Work Phone	Home Phone	Cell Phone	Email Address
Second Female parental/guardain Name _____ Relationship_____ Address	Place of Employment	Work Phone	Home Phone	Cell Phone	Email Address

Is your child Hispanic/Latino? ☐ Yes ☐ No If yes is chosen, the data for this student will be reported as Hispanic/Latino even if another race is checked below.

What is your child's Race? Your May Choose One or More. More than one will be reported as Multi-race unless Hispanic was checked above.

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

Office Use Only

☐ Birth Cert ☐ Immunization ☐ Transcript ☐ AUP ☐ Media ☐ Homeless Survey ☐ Language Survey ☐ Educational Accord ☐ Code of Honor ☐ Alert Now

Enrollment Date | Student ID Number | Teacher/Advisor Assigned

revised April 9, 2013

WHITE PINE COUNTY SCHOOL DISTRICT

Enrollment Request Records Form

School of Enrollment	Select a School				
Address					
City		**State**		**Zip**	
Phone		**Fax**			

STUDENT INFORMATION				
NAME AS IT APPEARED AT PREVIOUS SCHOOL	STUDENT'S DATE OF BIRTH		CURRENT GRADE LEVEL	
I received special education services at my former school. Please send all applicable special education records.	YES		NO	

FORMER SCHOOL INFORMATION			
NAME OF PREVIOUS SCHOOL ATTENDED			DATES OF ATTENDANCE AT FORMER SCHOOL
CITY	STATE	ZIP	PHONE
MAILING ADDRESS (IF KNOWN)		FAX NUMBER (IF KNOWN)	

Signature of Student (if over Eighteen)_____

Parent/Guardian Signature_____

OFFICIAL SCHOOL USE ONLY

Please forward the following information as soon as possible:

Scholastic Achievement Data (Transcript)
Medical Data (Health and Immunization Records)
Birth Certificate

The below Special Education documents if applicable:

All Psychological reports
Most Recent I.E.P
Other Reports, Speech, OT, PT, etc
Most Recent Eligibility Form
Social/Developmental/Medical History form

Family Educational Rights and Privacy Act (FERPA or Buckley Amendment) no longer requires written parental consent to release student educational records between schools where the student intends to enroll.

SCHOOL OFFICIAL	POSITION	DATE

WHITE PINE COUNTY SCHOOL DISTRICT

STUDENT NAME	Gender ☐Male ☐Female	DOB	AKA

⇨ANY PROGRAMS THIS CHILD MAY QUALIFY FOR ☐ Speech ☐ Special Education ☐ Free/Reduced Lunch ☐ English Second Language ☐ 504

⇨FAMILY DOCTOR _____ PHONE # _____

⇨FAMILY DENTIST _____ PHONE # _____

⇨INSURANCE COMPANY _____ Policy Holder_____ Policy number_____ AGENT_____

Student Health History

Please check the boxes that apply for the student. If explanation (**) is needed please do so in the space provided below.

Allergy - Bee Sting*		Cystic Fibrosis		Migraines	
Allergy - Food**		Diabetes		Muscular Dystrophy	
Allergy - Medication**		Eating Disorder		Osgood-Schlatter	
Allergy - Pollen/Dust/Hay fever		Endocrine Disorder		Activity Limitations (Requires Doctor's Note)	
Allergy - Unknown Cause		Epilepsy/Seizures			
Anemia		Growth Disorder**		Rheumatic Fever	
Arthritis (Rheumatoid)		Hearing Loss (Which Ear_____)		Scoliosis	
Asthma - Mild		Hearing Aid Used		Sickle cell Anemia	
Asthma*		Heart Disease/Defect		Speech Problem	
Birth Defect (chromosome disorder)		Hemophilia		Tuberculosis	
Blood Disorder		Hyperactive		Ulcer	
Blood/Blood Products Not Given		Kidney Disorder		Vision (Glasses/Contacts)	
Cancer/Leukemia		On Medication**		Visually Handicapped	
Cerebral Palsy		Medication Needed at School (Requires Doctor's Order)		Other**	
Color Blindness				No Known Health Problems	

*REQUIRES MEDICATION

**EXPLANATIONS or Other helpful Information

_____

_____

_____

Parent/Guardian Signature_____ DATE _____

***TO PARENT/GUARDIAN*:**

School authorities will attempt to notify you in the case of illness or injury of the student which, in their judgment, requires medical attention.
In case of medical emergency, I authorize the school to seek medical attention for my child if, in the judgment of the school authorities, medical treatment is necessary.

YES ☐ NO ☐ SIGNATURE_____ DATE_____

Please list three local persons (other than yourself) usually available during the school day who have agreed to care for and pick up (provide transportation) for your student if he/she becomes ill and you cannot be reached. We will attempt to contact parents first. This section also gives permission to release your student from school premises to the listed individuals.

Name		Phone		Relationship to student	
Name		Phone		Relationship to student	
Name		Phone		Relationship to student	

Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the Elementary and Secondary Education Act. The answers you give will help the school determine the services the student may be eligible to receive.

Please check only one box that best describes where the student is presently living:

- ☐ In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) ***(IF YOU CHECKED THIS BOX, IT IS NOT NECESSARY TO COMPLETE OR TURN IN THIS FORM)***
- ☐ In the home of a friend or relative because I lost my housing (*examples: lost job, fire, flood, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.)*
- ☐ In a shelter because I do not have permanent housing (*examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing*)
- ☐ In transitional housing (*housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization*)
- ☐ In a hotel or motel (*examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.*)
- ☐ In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location
- ☐ None of the above describe my present living situation ***Briefly describe your situation:*** _____
  _____

Name of Student: _____
Last *First* *Middle*

Gender: ☐ Male ☐ Female Birth Date: ____/_____/_____ Grade: _____
Month / Day / Year

Check the box that best describes with whom the student resides. (***Please note:*** *legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.*)

- ☐ Parent(s)
- ☐ Legal Guardians(s)
- ☐ Caregiver(s) who are not legal guardian(s) *(Example: friends, relatives, parents of friends, etc.)*
- ☐ Other _____

Name of person with whom student resides: _____

Address: _____

City: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____ Other Emergency #: _____

Length of Time at Present Address: _____ Length of Time at Previous Address: _____

Name of the school where student is enrolled or in which student is attempting to enroll: _____

Last District Attended: _____ Last School Attended: _____

Continued on reverse

Factors contributing to the student's current living situation (check all that apply):

- ☐ Natural disaster
  - ☐ Tornado, storm, flood, etc.
  - ☐ Hurricane, name: _____
  - ☐ Fire: prairie, forest, grass, lightning strike, etc.
- ☐ Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- ☐ Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- ☐ Military: Parent/guardian deployed, injured or killed in action
- ☐ Incarceration of parent/guardian
- ☐ Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- ☐ Home fire not due to natural causes (i.*e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.*)
- ☐ Economic hardship:
  - ☐ Loss of job resulting in inability to pay rent or mortgage
  - ☐ Income from part-time or low paying job does not cover cost of housing in the area
  - ☐ Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
  - ☐ Eviction record and/or inability to produce deposits for rent or utilities
- ☐ High medical bills that leave little or no money for housing
- ☐ Lack of affordable housing in the area
- ☐ Minor student unable to afford housing on my own
- ☐ None of the above describes the main reasons for my present living situation. ***Briefly explain the contributing factors:*** _____

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	**Grade Level**	**School**	**District**

_____ _____

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student **Date**

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

For School Use Only

☐ Parent refused services ☐ School Choice ☐ Free Breakfast/Lunch
☐ Transportation ☐ School Fee Waivers ☐ School Supplies
☐ Referral Services

_____ _____

McKinney-Vento Liaison Signature Date

Home Language Survey

WHITE PINE COUNTY SCHOOL DISTRICT

☐ Baker Elementary
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☐ McGill Elementary
☐ White Pine High School
☐ David E. Norman Elementary
☐ Early Childhood
☐ Lund High or *Lund Jr/Sr High School*
☐ White Pine Middle School
☐ Steptoe Valley High School

Todays Date _____
Enrolled by _____
Name

STUDENT'S NAME/*NOMBRE DEL ESTUDIANTE*	GENDER/*GENERO* M ☐ F ☐	DOB/*LA FECHA DEL NACIMIENTO*	GRADE/*GRADO*

	Check "English" or "Other" on the following questions. ***Verifique "Ingles" o "Otro" en las preguntas siguientes.***					SPECIFY LANGUAGE *ESPECIFIQUE EL IDIOMA*
Section A -	1. What Language did your child learn first? *Que idioma aprendio su nino primero?*		ENGLISH *INGLES*		OTHER *OTRO*	
	2. What Language do the parents speak at home? *Que idioma hablan los padres/guardianes en casa?*		ENGLISH *INGLES*		OTHER *OTRO*	
	3. What Language does the student speak at home? *Que idioma habla el estudiante en casa?*		ENGLISH *INGLES*		OTHER *OTRO*	
	4. What Language does the student speak with friends? *Que idioma habla el estudiante con amigos?*		ENGLISH *INGLES*		OTHER *OTRO*	

	Was the student enrolled in any of the following programs? ***Estaba el estudiante previamente inscrito en alguno de los siguientes programas o servicios?***				
Section B -	1. English Language Learner (ELL) *Aprendizaje del lenguaje ingles*		NO		YES Si
	2. Special Education *Educacion Especial*		NO		YES Si
	3. Section 504 *Seccion 504 o las Necesidades Especiales*		NO		YES Si
	4. Bilingual Instruction *Instruccion bilingue*		NO		YES Si
	5. Other *Orto*		NO		YES Si
	Explain Other/*Exlique Otro:*				

	New in Country Resident ***Nuevo en el Residente del Pais***				
Section C -	1. Has the student been in the United States as a resident for three or less years? *El estudiante ha estado en los Estados Unidos como un residente para tres (3) anos o menos seguidos?*		NO		Yes Si
	If **YES**, what date did you move to the United States? ***SI SI** , enque fecha se movio a los Estados Unidos?*		Date: Fecha:		

Parent's Signature: _____ Date _____
Firma de Padre:

SCHOOL OFFICE USE ONLY

In Section A if any of the listed questions have been checked as "OTHER", send a copy of the survey to District Office.

WHITE PINE COUNTY SCHOOL DISTRICT

Education Involvement Accord

Parent

I understand that as my child's first teacher my participation in my child's education will help his/her achievement. Therefore, to the best of my ability, I will continue to be involved in his/her education by:

- Reading to my child or encouraging my child to read
- Being responsible for my child's on-time attendance
- Reviewing and checking my child's homework
- Monitoring the activities of my child, such as the amount of time spent watching television, using the computer, playing video games, etc.
- Contributing at least 5 hours of time to each school year in areas such as
  - Attending school related activities
  - Attending organized parent meetings such as PTA, PTO, or parent advisory committees
  - Attending parent-teacher conference(s)
  - Volunteering at the school
  - Chaperoning school-sponsored activities
  - Communicating with my child's teacher(s) regarding his/her progress, as needed

Parent/Legal Guardian Signature_____ Date_____

Student

I realize that my education is important. Therefore, I agree to carry out the following responsibilities to the best of my ability by:

- Arriving at school each day on time and being prepared
- Showing effort, respect, cooperation, and fairness to all
- Completing and submitting homework in a timely manner and
- Reading each day before and after school

Student Signature_____ Date_____

Teacher and School Staff

We understand the importance of providing a supportive, effective learning environment that enables the children at our school to meet the State's academic achievement standards through our role as educators and models. Therefore, staff agrees to carry out the following responsibilities to the best of our ability by:

- Ensuring that each student is provided high-quality curriculum and instruction supervision and positive interaction
- Maximizing the educational and social experience of each students
- Carrying out the professional responsibility of educators to seek the best interest of each student
- Providing frequent reports to parents on their child's progress and providing reasonable access to staff to the parents and legal guardians of students to discuss their concerns

Teacher/Staff Designee Signature_____ Date_____

NEVADA DEPARTMENT OF EDUCATION
CODE OF HONOR

There is a clear expectation that all students will perform academic tasks with honor and integrity, with the support of parents, staff, faculty, administration, and the community. The learning process requires students to think, process, organize and create their own ideas. Throughout this process, students gain knowledge, self respect, and ownership in the work that they do. These qualities provide a solid foundation for life skills, impacting people positively throughout their lives. Cheating and plagiarism violate the fundamental learning process and compromise personal integrity and one's honor. Students demonstrate academic honesty and integrity by not cheating, plagiarizing or using information unethically in any way.

What is Cheating?

Cheating or academic dishonesty can take many forms, but always involves the improper taking of information from and/or giving of information to another student, individual, or other source. Examples of cheating can include, but are not limited to:

- Taking or copying answers on an examination or any other assignment from another student or other source
- Giving answers on an examination or any other assignment to another student
- Copying assignments that are turned in as original work
- Collaborating on exams, assignments, papers, and/or projects without specific teacher permission
- Allowing others to do the research or writing for an assigned paper
- Using unauthorized electronic devices
- Falsifying data or lab results, including changing grades electronically

What is plagiarism?

Plagiarism is a common form of cheating or academic dishonesty in the school setting. It is representing another person's works or ideas as your own without giving credit to the proper source and submitting it for any purpose. Examples of plagiarism can include, but are not limited to:

- Submitting someone else's work, such as published sources in part or whole, as your own without giving credit to the source
- Turning in purchased papers or papers from the Internet written by someone else
- Representing another person's artistic or scholarly works such as musical compositions, computer programs, photographs, drawings, or paintings as your own
- Helping others plagiarize by giving them your work

All stakeholders have a responsibility in maintaining academic honesty. Educators must provide the tools and teach the concepts that afford students the knowledge to understand the characteristics of cheating and plagiarism. Parents must support their students in making good decisions relative to completing coursework assignments and taking exams. Students must produce work that is theirs alone, recognizing the importance of thinking for themselves and learning independently, when that is the nature of the assignment. Adhering to the Code of Honor for the purposes of academic honesty promotes an essential skill that goes beyond the school environment. Honesty and integrity are useful and valuable traits impacting one's life.

Student Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Questions or concerns regarding the consequences associated with a violation of the Code of Honor may be directed towards your child's school administration and/or the school district.

White Pine County School District/Great Basin College Policy Number: 7371

Photo/Video & Media Release Form Revised 11/16/10

White Pine County School District requires parental or guardian written consent for any media release of student images.

1) I hereby grant the White Pine County School District and Great Basin College the rights to obtain and/or use my child's photograph, video image and/or voice for educational and informational purposes. This may include but is not limited to, classroom activities, student academic projects, student multimedia portfolios, school and sports activities, institutional advancement activities, college student recruiting, yearbooks, and the district website.

2) I understand that publications, presentations, web sites and productions will only be used for activities and programs approved through the White Pine County School District or Great Basin College. I further understand that all images, productions and content, therein, become property of the White Pine County School District and/or Great Basin College.

3) By signing below, and checking the appropriate box, I hereby give the above permission and release White Pine County School District and/or Great Basin College from any liability resulting from or connected with the above mentioned activities.

_____ _____

Student's (Child's) Name Date

Check One:

☐ You have my permission

☐ You do not have my permission

_____ _____

Parent or Guardian's Signature Date

_____ _____

School Administrator Date

White Pine County School District is not responsible for photographs or video images taken by non-district employees.

This permission will remain in effect until such time as your child changes schools or permission is rescinded by the parent or guardian.

You may withdraw your consent at any time during the school year by providing written notice of withdrawal of consent to your child's school or the district office.

WHITE PINE COUNTY SCHOOL DISTRICT
NETWORK COMPUTER ACCOUNT SECURITY
ACCEPTABLE USE POLICY (AUP)

The purpose of this agreement is to communicate the importance of using the White Pine County School District computer network appropriately, protect the integrity of the system, and safeguard the District and users from inappropriate material and use. Inappropriate use can be costly so we hope you will exercise good judgment.

The following information should clearly communicate the District's expectations with respect to computer and network use.

1. The computer resources (systems) utilized within the White Pine County School District (Hereafter referred to as WPCSD) Network are provided to WPCSD employees, registered students and specifically identified parents of registered students and school District volunteers (i.e. PAC members, etc.) approved by the Technology Director and Superintendent.
2. The custodial parent or legal guardian must complete and sign an application in order for their child (minor) to use the system. By signed the application the guardian or parent agrees to accept responsibility for their child's (minor's) use of the system.
3. All users agree to accept full responsibility for the security, confidentiality and use of their passwords and for any and all sites accessed with their passwords.
4. WPCSD does not guarantee the safety of individual account holders' files. Users are encouraged to make back up copies of their files.
5. E-mail correspondence and system activity may be monitored if there is reasonable suspicion of a violation of the AUP. WPCSD has access to the contents of any file or email in the system.
6. These computer resources (systems) are primarily for research and academic use; personal email (For staff only) and other personal Internet use is allowed so as long as the use is non-profit, legal, does not interfere with the primary use of the system in any way, and the use conforms to all other use rules in this agreement.
7. WPCSD has implemented its own Virtual locker. Users may store personal information and files in their own Locker. Users are prohibited from sending or storing any material that is licensed, proprietary, or otherwise covered under the non-disclosure agreements.
8. Certificated staff members or other personnel will monitor students when computers are in used in a classroom to ensure that the use is classroom is age appropriate and that the rules and guidelines are followed.

The following activities are expressly **PROHIBITED** and are subject to disciplinary action:

1. It is prohibited to use, or attempt to use, anyone else's account.
2. It is prohibited to use swear words", vulgarities or other inappropriate language.
3. It is prohibited to circumvent system utilities (account validation, terminal idle monitoring, etc.).
4. It is prohibited to use a CHAT program unless authorized by a school Technology Department, School Administrator or the Superintendent for academic purposes.
5. It is prohibited to access pornographic sites or sites primarily showcasing sexually explicit material.
6. It is prohibited to access and/or download computer games, screen savers, or other software that has not specifically been approved by the Technology Specialist or Superintendent.
7. Downloading or listening to music and radio stations over the internet is prohibited without written permission from the building administrator
8. It is prohibited for users to order services or merchandise for personal consumption including phone charges. Only items authorized by the District may be ordered.
9. All users are prohibited from sending spam email to others.
10. Using computer system CD-ROMs to play CD music is not authorized without written permission from the building administrator on an individual basis.
11. Students are authorized to access <u>ONLY</u> their WPCSD First Class email account while using a computer owned by WPCSD. If a student accesses any other email account from a computer owned by WPCSD, it will constitute a violation of this Acceptable Use Policy.
12. Staff is allowed to access only their WPCSD First Class, Nevada School Network, Educational Specific (.edu) or local Internet Service Provider email accounts while using a computer by WPCSD.

This is a school network! The user's general rule is to stay within the appropriateness boundaries for K-12 public education. Any student or adult who has a specific question about the appropriateness of accessing a particular site or acceptable use agrees to seek clarification in advance from the appropriate school principal or from the

WHITE PINE COUNTY SCHOOL DISTRICT

NETWORK COMPUTER ACCOUNT SECURITY

ACCEPTABLE USE POLICY (AUP) continued

Superintendent A student who accidentally accesses an inappropriate site must inform a teacher or the principal at his/her school within 24 hours in order to verify that the access was a mistake and in order to avoid possible disciplinary action for accessing a prohibited site. An adult who accidentally accesses an inappropriate site must inform a building principal or the Superintendent within 24 hours in order to verify that the access was a mistake and to avoid possible revocation of the account access.

Alleged violators will be contacted and given an opportunity to present an explanation to the appropriate supervisor or principal. If a violation of this agreement has occurred, the user's account may be suspended for a period of 90 school days (a school day is defined as a day when students are scheduled to attend school or when a staff member is scheduled to work) or revoked. When an account is suspended or revoked the user (and his/her parents, if a minor child) will be notified in writing. The users (and his/her parents, if a minor child) have five school days from the date of the written notification to request a review hearing- The hearing officers will be the Superintendent and Technology Director, whose decision will be final. If the Superintendent or Technology Director is the supervisor making the initial decision to suspend or revoke an account, that review hearing will be conducted by the Board of Trustees, whose decision will be final.

WPCSD reserves the right to unilaterally amend this agreement Notice will consist of a written or an email announcement sent to all registered users or posted on the email news. Use of WPCSD systems after the effective date of the amendments constitutes acceptance of the new terms.

NAME: _____ (print)

Student, Teacher, Other: _____ (specify)

School: Grade: _____ (if applicable)

I have read the policy printed above and agree to abide by all rules and prohibitions as stated in this policy.

Signature: _____

Date: _____

FOR STUDENT APPLICATION:

I have read the policy printed above and agree to be responsible *for* my child's adherence to all rules and prohibitions as stated in this policy. I give my permission for my child to use computers owned by WPCSD.

Signature of parent/guardian: _____ Date _____