

Clarinda Community School District

Enrollment/ Emergency Form

Student _____ Grade _____ Date of Birth _____ Male/Female _____

Home Phone _____ Address _____ City, State, Zip _____

Family Information:

List Name and Relationship to child:	Address	Home Phone	Cell Phone	Employer	Work Phone	Email address	Has contact with student Yes/No
Parent/Guardian Living with Student:							
Spouse of Parent/Guardian Listed Above:							
AND							
Parent/Guardian Not Living with Student:							
Spouse of Parent/Guardian Listed Above:							

Please Mark if student: is **Open Enrolled** Yes/ No in **Band** Yes/ No If Yes, list instrument _____ in **Special Education** Yes/ No has a **504 plan** Yes/No

Student lives with: _____ Parent(s) _____ Caretaker _____ Legal Guardian **Student lives in:** _____ Parent home _____ Relatives/Friends home _____ Hotel _____ Other _____

Contact Information (please list LOCAL contacts):

Child Care _____ Child Care Phone _____

Emergency Contact #1 _____ Phone (1) _____ Phone (2) _____

Emergency Contact #2 _____ Phone (1) _____ Phone (2) _____

Emergency Contact #3 _____ Phone (1) _____ Phone (2) _____

Ask about texting notifications!

For Residents New to Clarinda: What Brought You to Clarinda: _____ Employment _____ Relatives _____ Other - please list _____

School Medical Registration Form – Health History

Please list a local provider that you prefer in the case of an emergency.

Family Doctor _____ Date of last exam _____ Does student have a current school physical Y/N

Dentist _____ Date of last exam _____

Eye Doctor _____ Date of last exam _____

***In the event of an emergency, 911 will be called and your child will be taken to Clarinda Regional Health Center.**

List other doctors, specialists, counselors (local or out-of-town): _____

Allergies (list allergy and type of reaction): _____

Medications taken routinely: _____

Will your child take medicine at school: Yes/No _____ If yes, what medication? _____

* Note- All medications given at school must be supplied by the parent in the original container and a medication permit form must be completed and signed by the parent.

1. Does your child have health insurance? Yes/No _____ Provider Name: _____

2. Do you have any concerns about your child's general health? (eating, sleeping, weight, etc.) Yes/No

3. Does your child have any chronic illness or medical condition? (seizures, asthma, heart condition, ADHD, etc.) Yes/No

4. Has your child had any serious accidents? (burns, head injury, broken bones, etc.) Yes/No

5. Does your child have any problems with:

Hearing	Yes/No	Vision	Yes/No	Does your child wear glasses?	Yes/No
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Speech	Yes/No	Physical Disabilities	Yes/No		
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Explain all yes answers in the space provided below:

This form will be added to the student's health file and shared with appropriate school staff.

Parent Signature: _____ Date: _____

605.6E1 Internet Access Permission Letter

Dear Student, District Personnel or Volunteer/Other:

As part of the School District's continuing effort to provide all students, employees and volunteers with high quality, up-to-date educational resources, we have internet access on the computers in all Clarinda Community Schools.

Please know the entire administration and staff of the school district is committed to ensuring the use of computers and internet access for only educationally sound and productive learning activities. During school activities teachers and other staff will guide students toward appropriate materials.

The School Board has adopted a Responsible Use Policy to comply fully with the federal Children's Internet Protection Act. Each school will review the information in the District Computer, Network and Internet Policy in age-appropriate language before allowing him/her to use the Internet on a school computer. We also request that you review the policy with your child to reinforce the importance of internet safety for all children. One rule that we consistently emphasize is that students, employees and volunteers should never give out personal information (home address, phone numbers, etc.) about themselves or others when using the internet.

I understand, accept and agree to abide by the following terms and conditions:

- I have received and familiarized myself with the District Computer, Network and Internet Policy approved by the Clarinda Community School Board.
- I will abide by the Terms and Conditions of the District Computer, Network and Internet Policy in my use of computing devices at school.
- I understand and accept that the purpose of the Clarinda Community Schools network is educational, and other uses are inappropriate.
- I understand and accept that the use of the School Community Schools network is a privilege and not a right.
- I understand that there is no guarantee of privacy using District technology.
- I understand that violation of the District Computer, Network and Internet Policy may result in disciplinary action ranging from a verbal or written warning to criminal prosecution.
- I understand that if it is determined that a device is lost or damaged as a result of my negligence, that I am responsible for the cost to replace or repair the device.

I have read Policy 605.6 Internet Acceptable Use and Policy 605.6E1 Internet Access Permission Letter and agree to abide by these provisions. I understand that violation of these provisions may constitute suspension or revocation of internet privileges and discipline. School personnel who violate these provisions may be subject to disciplinary action including immediate discharge or termination of employment.

This agreement will be in effect for as long as the student, employee or volunteer/other attends, is employed, volunteers, or participates at Clarinda Community School District and may be revoked at any time by the parent/guardian or administration. Procedures are subject to change at any time at the discretion of the superintendent.

Reference Policy 605.6

Date:
Student
Print Student Name:
Student Signature:
Parent
Print Parent/Guardian Name:
Signature Parent/Guardian:

ETHNICITY/RACE

Student Name: _____

Is this student Hispanic/Latino? (*Choose only one*)

- ☐ **No, not Hispanic/Latino**
- ☐ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

What is the student'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.)

Signature



School District: _____

Date completed: _____

Migrant Education Parent Form

The answers to this form will help determine if your child (ren) is eligible to receive supplemental services from the Migrant Program.

Name of Parent(s) or Legal Guardian(s)		
Current Address:		
City:	State:	Zip Code:
Phone Number:		
Best Time to be Contacted:		

1. Has your family moved in order to work in another city, country, or state in the last three (3) years
YES___ NO___
2. If so, what is the date your family arrived in the city/town? _____
3. Has anyone in your family been involved in one of the following jobs, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

☐ Agriculture; planting/picking fruits and vegetables

☐ Planting, Growing, Detasseling or Farm labor

☐ Processing/packing agricultural products

☐ Dairy/Poultry/Egg/Livestocks

☐ Meatpacking/Meat processing

☐ Fishing or fish farms

☐ Other (Please specify the job): _____

4. Name of student(s)

Name of School

Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you!

Please return this form to the school. Note for the school/district: When both "yes" to #1 and one or more of the boxes from #3 is/are checked, please give this form to the migrant liaison to scan and email to alex.johnson@iowa.gov. Please file original in student's records. For additional questions regarding this form, please contact Geri McMahon at 515-2813944 (geri.mcmahon@iowa.gov) or Susan Selby at 515-281-4732 (susan.selby@iowa.gov).

Clarinda School District
Home Language Survey

Date_____ School _____ Grade_____

Student Name: _____
(last) (first) (middle)

*Place of Birth: _____

Father/Guardian Name: _____

*Employment: _____

Mother/Guardian Name: _____

*Employment: _____

Address: _____

Phone Number : _____ (home) _____ (work)

1. Was English the first language your son/daughter learned to speak? _____ Yes _____ No

2. What language do you speak to your son/daughter? (father) _____

(mother) _____

3. What language does your son/daughter speak to you? _____

4. What language does your son/daughter speak to other relatives? _____

5. What language does your son/daughter speak to friends? _____

6. In what language would you prefer to receive
communication from the school? _____

I understand my son/daughter, _____, will receive English language proficient testing. I will be notified if my son/daughter qualifies for English Language Learner (ELL) program services. I understand that at the time I have the right to refuse ELL services for my child. However, I can request services at a later date.

(Parent/Guardian Signature)

(Date)

OFFICE USE ONLY: Refer for:

Initial ELL Identification: _____ Initial Migrant Identification: _____

MILITARY CONNECTED STATUS

Revised 10/24/13

STUDENT NAME:

**CHECK
ONE**

- ☐ Neither Parent or Guardian is serving in any military service
- ☐ A Parent or Guardian is serving in the National Guard but is not deployed
- ☐ A Parent or Guardian is serving in the Reserves but is not deployed
- ☐ A Parent or Guardian is serving in the National Guard and is currently deployed
- ☐ A Parent or Guardian is serving in the Reserves and is currently deployed
- ☐ A Parent or Guardian is serving in the military on active duty but is not deployed
- ☐ A Parent or Guardian is serving in the military on active duty and is currently deployed
- ☐ The student's Parent or Guardian died while on active duty within the last year

COMMENTS: _____

Parent Permission for Middle School Field Trip and Student Pictures

I give my permission for my child to go on any **field trip** in the immediate Clarinda area during the _____ school year.

I also give permission for my child's **picture** to be used in any Clarinda Community School's publication (including the school's web page), display, or for media release.

Child's Name (please print) _____ Grade _____

Your signature gives permission. _____

Must be signed by a parent or legal guardian.

8th Grade Electives
2017-2018

Please select the electives you would like to participate in as an 8th grader.

_____ Band

_____ Music

Student Name_____

Signature:_____



CLARINDA MIDDLE SCHOOL
305 EAST GLENN MILLER DRIVE
CLARINDA, IOWA 51632

Phone: 712/542-2132

Please forward the records of _____
(Student's name)

Grade _____, Date of Birth _____

To: Heidi Bird, Counselor
Clarinda Middle School
305 East Glenn Miller Drive
Clarinda, IA 51632

Records to be released include transcripts of grades earned, test scores, health records and information, which could be of help in placement of this student.

Please include IMMUNIZATION CARDS.

_____, _____
(Date) (Signature of parent/guardian*)

(Name of school last attended)

(Street) (City) (State) (Zip)

If student was enrolled in special education or resource class, please indicate and forward records.

Date sent: _____

*Under the provisions of the Privacy Rights of Parents and Students Act, page 1213, Subpart D, 99 30 (b), it is not necessary to have the written consent of the parents to release records "to officials of other schools or school systems in which the students seeks or intends to enroll".

CLARINDA MIDDLE SCHOOL ACTIVITY CODE

ACTIVITY CODE/GOOD CONDUCT POLICY- Clarinda Community Schools boys' and girls' extra-curricular athletic teams and co-curricular programs are before the public eye throughout the school year. In order to prevent adverse public reaction, prevent dissension within the various programs, and for the general welfare of all participants and the school, it is imperative that quality standards of conduct, appearance, dress, training and eligibility be established as a part of the extra/co-curricular programs.

PARTICIPATION-The activity program functions on an extra/co-curricular basis and therefore, student participation is completely voluntary. In order to participate in extra/co-curricular activities, the student must have on file in the Activity Director's office the following:

1. Completed Physical Form (Athletics only)
2. Parental Consent to participate (Athletics only)
3. Parental Confirmation of Insurance Coverage (Athletics only)
4. Student and parent signatures of acceptance and knowledge of Activity Code/Good Conduct

Policy

Participants are to demonstrate acceptable standards of physical training throughout the sport season. An activity season shall be defined as the date of the first practice through the date of the final contest or meet. Students will abstain from the use or possession of alcohol, use or possession of tobacco, and the use or possession of drugs or other controlled substances.

GOOD CONDUCT POLICY-In striving to help the student to become a good citizen and recognizing that obeying state and local laws is part of being a good citizen, it is hoped that the Good Conduct Rule and its application will give the student more incentive to resist behavior that violates these rules.

It is also believed that certain standards of behavior are accepted by the students and community as a whole, and that students can be expected to function within these behavior standards both in school activities and as ambassadors of the Clarinda School System within the community.

Education is a right of the student and it is not intended to interrupt this educational process, but extra/co-curricular activities are a privilege for the student and violation of the Good Conduct Rule would result in these privileges being withheld from the student.

Statements of Purpose:

1. To promote the growth of responsible citizenship among the student body.
2. To Emphasize school concerns for the health and welfare of the students, both physically and emotionally.
3. To assist them in becoming helpful, productive citizens of the community.
4. To provide an understandable policy that can be applied as fairly as possible.
5. To confirm and support the existing state laws.
6. To establish standards of conduct for all students.
7. To assist students who desire to resist peer pressure which directs them towards the use of mood-altering chemicals.
8. To assist students who should be referred for assistance or evaluation regarding their use of mood-altering chemicals.

GOOD CONDUCT RULES

To retain the status of “student in good standing” (maintain all privileged participation), students must conduct themselves as good citizens both in and out of school at all times.

Any student who, after a hearing at which the student shall be confronted with the allegations, the basis of the allegation, and given an opportunity to tell the student’s side, is found to have violated the school’s Good Conduct Rule will be deemed ineligible for a period of time. A student may lose eligibility under the Good Conduct Rule for any of the following behaviors:

possession, use, or purchase of tobacco products, regardless of the student’s age;
possession, use, consumption, or purchase of alcoholic beverages, including beer and wine;
knowingly being in a car or in attendance at a function or party where alcohol or other drugs are being consumed illegally by minors, without immediately leaving upon discovery of the presence of the substances;
possession, use or purchase of illegal drugs or the unauthorized possession, use, or purchase of otherwise lawful drugs;
engaging in any act that would be grounds for arrest or citation in the criminal or juvenile court system, excluding minor traffic offenses, regardless of whether the student was cited, arrested, convicted, or adjudicated for the act.

The following activities are covered by the board’s policy and these rules:

Athletics, instrumental and vocal music performances, drama productions, speech contests, all co-curricular clubs, all honorary and elected offices, TAG contests, or any other privileged activity or activity where the student represents the school district outside the classroom.

PENALTIES

When the administration believes it is more likely than not that the student violated the Good Conduct Rule, during the school year or summer, the student is subject to a loss of eligibility as follows:

First Offense: up to six (6) weeks of ineligibility.

Second Offense: up to ten (10) weeks of ineligibility.

Third Offense (and each subsequent offense): up to twelve (12) calendar months of ineligibility.

An ineligible student is expected to continue to attend all practices, rehearsals, or organizational meetings to the conclusion of an activity, but may not “suit up”, perform/participate, nor exercise the duties or privileges of any school organizational office.

REDUCTION IN PENALTY

First Offense - A two (2) week reduction period of ineligibility will take place if a student “self reports” a violation to the principal/activity director after having had opportunity to do so. To “self report” a student must notify a school administrator of the Good Conduct violation the first school day following the incident and/or before the school administration is made aware of the incident from another reliable source.

Second Offense - A two (2) week reduction of ineligibility will take place if a student “self reports” a violation to the principal/activity director after having had opportunity to do so. To “self report” a student must notify a school administrator of the Good Conduct violation the first school day following the incident and/or before the school administration is made aware of the incident from another reliable source.

DUE PROCESS PROCEDURE

Suspension Procedure:

1. In the event of an alleged infraction for which ineligibility may be enforced, an administrator of the school in which the student is enrolled shall investigate the alleged infraction.
2. If the investigation discloses the probability of an infraction, a hearing with the student shall be held by a school administrator. During this hearing, the student shall be confronted with the allegation, the basis of the allegation, and given an opportunity to tell the student's side.
3. The administration will make a decision on the case and inform the student of such. A written statement of findings from the hearing shall be compiled and the student and parents provided a copy. This will include: determination of a Good Conduct violation; if founded, the length of the suspension; and a statement advising the student of the procedure for appeal.

APPEAL PROCEDURE

Any appeal procedure following the initial decision by the administrator shall not delay the suspension as determined by the administrator, and in such instance the suspension shall remain in effect until such time as the decision of the administrator has been reversed by one of the appeal bodies.

Any student who is found by the administration to have violated the Good Conduct Rule may submit a written request to appeal this determination to the Appeal Committee or proceed directly to the superintendent within three (3) school days from the Hearing Officers finding. At the written request of any aggrieved student, an Appeal Committee will be convened within three (3) school days for the purpose of reviewing the suspension and, by majority vote, report their determination to the Hearing Officer. The Appeal Committee has the authority to sustain or remove the suspension. The Appeal Committee will consist of five persons as follows:

1. A coach/activity sponsor not impacted by the outcome of the appeal.
2. Any member of the faculty not impacted by the outcome of the appeal.
3. A faculty member designated by the student, who would not be impacted by the outcome of the appeal.
4. Two students selected (from the listing of "Open Campus" students) by the Appeal Committee facilitator not impacted by the outcome.

Note: The "Appeal Committee facilitator" will be a member of the middle school faculty or administration (other than the Hearing Officer).

Upon receiving the determination from the Appeal Committee, the Hearing Officer shall notify the student of any changes in the suspension within two (2) school days. An aggrieved student has three (3) school days to appeal the initial decision of the Hearing Officer and/or the Appeal Committee determination by submitting a written request to the Superintendent. The student and parent/guardian will be given prompt notice of the time and place of such hearing. The Superintendent has the authority to sustain or remove the suspension. The Superintendent shall make his/her final decision within five (5) school days from the date of the hearing.

The action of the Superintendent may be appealed within three (3) school days to the Board of Education, who shall have the same authority as the Superintendent. The Board of Education shall make their decision within ten (10) days from the time the written request to appeal is submitted.

**CONSENT FOR ATHLETIC TRAINING SERVICES
EMERGENCY MEDICAL TREATMENT**



RETURN TO THE: _____

Student's Name: _____ Date of Birth: _____

Student's Address: _____ City: _____

Parent (Guardian) Name: _____

Home Phone: _____

Father: Work Phone _____ Cell: _____

Mother: Work Phone _____ Cell: _____

In case of emergency and the absence of parent/guardian, please list two people you recommend we call:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List any known allergies: _____

List any medications student is taking and why: _____

List any physical disabilities: _____

Additional Comments: _____

Name of Medical Insurance Company or Plan: _____

Policy Number(s): _____

Health Maintenance Organization (HMO)? Yes _____ No _____

If yes, what is your primary care facility: _____

CONSENT & AUTHORIZATION

I hereby authorize the employed or contracted staff of Clarinda Community High School Athletic Department ("Department") (i.e., administrators, coaches, athletic trainers, team physician, and/or other assigned medical personnel) to provide athletic training services to my son/daughter/ward and to secure any necessary medical assistance on behalf of my son/daughter/ward. I further authorize these individuals to discuss my son/daughter/ward's medical condition with other health care personnel, which the Department deems appropriate. To the fullest extent permitted by law, I do hereby indemnify and hold harmless the Department, entities, and other persons who act in reliance upon this authorization. This document is valid for all years of student's enrollment at Clarinda Community High School. Any changes to above information needs to be made with the athletic trainer and is up to the responsibility of the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Student (if 18 years old) Signature: _____ Date: _____