



CARMI-WHITE COUNTY HIGH SCHOOL REGISTRATION INSTRUCTIONS/CHECKLIST

This folder includes the documents necessary to register your child for the 2018-2019 school year. The left side of the folder contains documents for you to take home and review at your convenience. The right side of the folder contains the following documents for you to review, complete and sign where indicated, and return to the appropriate registration table.

- Fees Statement (2 copies)** – *This lists the fees your student owes for the 2018-2019 school year. Please bring both copies to the registration table after you have completed all forms. If you believe you may be eligible for free lunch, which will waive the \$40 Registration fee, please see Mrs. Balding at the registration table for an application. Please note, we have added the **OPTIONAL Chromebook insurance fee to the statement. Even though it is not required, it is STRONGLY recommended. If you do not want the Chromebook insurance this year, please mark “NO” on the form described below and let us know when you checkout. The fee will be removed from your total due.***
- Individual Chromebook Insurance Form** – *While Chromebook insurance is **STRONGLY** recommended, it is optional. Please elect or decline to purchase insurance on the Chromebook your student will be issued.*
- Enrollment Form** – *Please review and complete all sections of this form.*
- Parental Authorization** – *Please review, complete all sections of this form (including the top of the page), and sign at the bottom (student and parent/guardian). Please note, the Authorization for Electronic Network Access is located in the left side of the folder.*
- Annual Health Information Form** – *Please complete all sections of this form and sign at the bottom where indicated (parent/guardian).*
- Transportation Information Sheet** – *Please complete all sections of this form and mark the appropriate box even if your child does not ride a bus.*
- Parent-Teacher-Student-Principal-Compact** – *Please review our Title I School-Parent Compact with your child and sign.*
- Student/Parent Handbook Acknowledgement and Pledge** – *The Student Parent handbook has been published on our website at www.carmischools.org. Please review the Acknowledgement and Pledge with your child and sign where indicated (student and parent/guardian). Please note, if you do not have access to the internet to review the Student/Parent Handbook on your own, a hard copy is available for you to review at registration. Please ask to review it when you return the registration forms.*
- Carmi-White County High School Parent/Student 1:1 Technology Initiative Chromebook Agreement** – *Please complete the last page of the agreement, sign and initial where indicated (student and parent/guardian). A Chromebook will not be issued until this form is signed by both the student and parent/guardian.*



For the 2018-2019 school year, Carmi-White County C.U.S.D. #5 will offer an optional but **recommended** insurance program in conjunction with its 1:1 Digital Learning Initiative. This program is open to all students who are receiving a district-issued Chromebook.

The insurance is being offered by Technology Resource Advisors (TRA). *Please note, Carmi-White County C.U.S.D #5 is not profiting from this offering.*



For an annual fee of \$22 per student/device, the insurance covers the following for a student's district-issued Chromebook:

- Damage caused by accidental drops, spills, hardware failure
- Accidental water damage

The insurance **does NOT** cover the following:

- Lost or stolen Chromebooks or components (i.e. AC adapter, case, etc).
- Cosmetic scratches and dents that do NOT affect the functionality of the device.
- Damage caused intentionally or through extreme neglect.
- Any device that indicates an attempt to remove, or removal of, the tamper proof stickers.
- Any device that was not issued to the student.

Coverage will be managed by the Library at Carmi-White County Jr./Sr. High School. Repairs will be made either onsite or sent to TRA Service Centers. Students simply need to take their insured Chromebook to the Library to initiate coverage, and a loaner will be issued based on availability. Uninsured repairs will continue to be invoiced and paid through the student's account.

*If payment is received **on or before** the day your child picks up their Chromebook then coverage will be in immediate effect. If payment is received **after** the day your child picks up their Chromebook then there will be a 21 day wait period before claims are honored. The device will be inspected by a staff member before coverage begins to confirm the device is functional.*

Student: _____ **Grade:** _____ **Date:** _____

I would like to purchase the optional, individual Chromebook insurance coverage for the 2018-2019 school year for an annual fee of \$22 per student/device.

Parent/Guardian Signature: _____

I waive the optional, individual Chromebook insurance coverage for the 2018-2019 school year.

Parent/Guardian Signature: _____

Office Use

Insurance Selected: Yes _____ No _____ Date: _____ Cash _____ Check# _____



Carmi-White County Jr./Sr. High School Enrollment Form

Student's Name: _____ Grade: _____
Last Middle First Suffix

Primary Phone: _____ Cell Phone: _____ Male _____ Female _____

Date of Birth: _____ Place of Birth: _____ SSN: _____

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

<p>Parents/Guardians 1: <i>List parents/guardians living with student (i.e., mom & dad or mom & stepdad)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name 1: _____</td> <td style="width: 50%;">Name 2: _____</td> </tr> <tr> <td>Cell#1: _____</td> <td>Cell# 2: _____</td> </tr> <tr> <td>Workplace: _____</td> <td>Workplace: _____</td> </tr> <tr> <td>Work#2: _____</td> <td>Work# 2: _____</td> </tr> <tr> <td>Email: _____</td> <td>Email: _____</td> </tr> <tr> <td colspan="2">Address: _____</td> </tr> <tr> <td colspan="2">Relationship to student _____ <i>(mom & dad, mom& stepdad, etc)</i></td> </tr> </table>	Name 1: _____	Name 2: _____	Cell#1: _____	Cell# 2: _____	Workplace: _____	Workplace: _____	Work#2: _____	Work# 2: _____	Email: _____	Email: _____	Address: _____		Relationship to student _____ <i>(mom & dad, mom& stepdad, etc)</i>		<p>Is there anyone, by court order, who is not allowed to pick up this student? If so, who?*</p> <p>_____</p> <p>_____</p> <p><i>* The school must have legal documents on hand in order to enforce if the person listed is a parent</i></p>
Name 1: _____	Name 2: _____														
Cell#1: _____	Cell# 2: _____														
Workplace: _____	Workplace: _____														
Work#2: _____	Work# 2: _____														
Email: _____	Email: _____														
Address: _____															
Relationship to student _____ <i>(mom & dad, mom& stepdad, etc)</i>															

<p>Parents/Guardians 2: <i>(Other Parent Household, if applicable)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name 1: _____</td> <td style="width: 50%;">Name 2: _____</td> </tr> <tr> <td>Cell#1: _____</td> <td>Cell# 2: _____</td> </tr> <tr> <td>Workplace: _____</td> <td>Workplace: _____</td> </tr> <tr> <td>Work#2: _____</td> <td>Work# 2: _____</td> </tr> <tr> <td>Email: _____</td> <td>Email: _____</td> </tr> <tr> <td colspan="2">Address: _____</td> </tr> <tr> <td colspan="2">Relationship to student _____ <i>(mom & dad, mom& stepdad, etc)</i></td> </tr> </table>	Name 1: _____	Name 2: _____	Cell#1: _____	Cell# 2: _____	Workplace: _____	Workplace: _____	Work#2: _____	Work# 2: _____	Email: _____	Email: _____	Address: _____		Relationship to student _____ <i>(mom & dad, mom& stepdad, etc)</i>		<p>Does your child have an IEP?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Name 1: _____	Name 2: _____														
Cell#1: _____	Cell# 2: _____														
Workplace: _____	Workplace: _____														
Work#2: _____	Work# 2: _____														
Email: _____	Email: _____														
Address: _____															
Relationship to student _____ <i>(mom & dad, mom& stepdad, etc)</i>															

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

- Are you and your child living with relatives or others? Yes No
- Are you or your child living in a motel/shelter/campground? Yes No
- Is your gas, electric or water currently turned off? Yes No
- Are you a student not currently living with your parent? Yes No
- If you answered yes, does the person you are living with have a court ordered guardianship or have you been adopted? Yes No
- Are you in foster care? 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 2018-2019

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. Deductible and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses. This plan will will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays.
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 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**

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"/> Autism / Aspergers	<input type="checkbox"/> Frequent Strep Throat
<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Headaches / Migraines
<input type="checkbox"/> Braces / Dental Appliances	<input type="checkbox"/> Kidney / Urinary Disorders
	<input type="checkbox"/> Speech Problems
	<input type="checkbox"/> Stomach / Bowel Disorders
	<input type="checkbox"/> Other: _____

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 and that the school nurse will 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): _____ STREET ADDRESS: _____ (OPTIONAL) P.O. BOX: _____ CITY _____ STATE _____ ZIP _____		HOME PHONE: _____ WORK PHONE: _____

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

2018-2019 Carmi-White County C.U.S.D. #5 Chromebook Agreement

By signing the below, the student and their parent/guardian agree to follow and accept:

- This Chromebook Agreement in its entirety.
- Authorization for Electronic Network Access;
- The website and Social Media Guidelines (below).
- That Carmi-White County C.U.S.D. #5 owns the Chromebook, software, and issued peripherals.
- If the student ceases to be enrolled in Carmi-White County C.U.S.D. #5, the student/parents will return the Chromebook in good working order or pay the full \$200.00 replacement cost of the computer. In addition, the student must also return both the Chromebook charger. Students may be charged for the charger if it is not returned. *Also, a report of stolen property with the local law enforcement agency will be filed by the school or school designee in the event that the Chromebook is not returned or paid for if damaged.*
- In no event shall Carmi-White County C.U.S.D. #5 be held liable to any claim of damage, negligence, or breach of duty.

Student Name (print): _____ Student Signature: _____

Parent/Guardian (print): _____ Parent/Guardian Signature: _____

School: _____ Grade: _____ Chromebook Security Tag Number: _____

Student Initials	Website & Social Media Guidelines Think before you act because your virtual actions are real and permanent!	Parent Initials
	Be aware of what you post online. Website and social media venues are very public. What you contribute leaves a digital footprint for all to see. Do not post anything you wouldn't want friends, enemies, parents, teachers, future colleges, or employers to see.	
	Follow the school's code of conduct when writing online. It is acceptable to disagree with other's opinions; however, do it in a respectful way. Make sure that criticism is constructive and not hurtful. What is inappropriate in the classroom is inappropriate online.	
	Be safe online. Never give out personal information, including, but not limited to, last names, phone numbers, addresses, exact birth dates, and pictures. Do not share your password with anyone besides your teachers and parents.	
	Linking to other websites to support your thoughts and ideas is recommended. However, be sure to read and review the entire website prior to linking to ensure that all information is appropriate for a school setting.	
	Do your own work! Do not use other people's intellectual property without their permission. Be aware that it is a violation of copyright law to copy and paste other's thoughts. It is good practice to hyperlink to your sources.	
	Be aware that pictures may also be protected under copyright laws. Verify that you have permission to use the image or that it is under Creative Commons attribution.	
	How you represent yourself online is an extension of yourself. Do not misrepresent yourself by using someone else's identity.	
	Online work should be well written. Follow writing conventions including proper grammar, capitalization and punctuation. If you edit someone else's work, be sure it is in the spirit of improving the writing.	
	If you run across inappropriate material that makes you feel uncomfortable or is not respectful, tell your teacher right away. Everyone should work together to make our digital environment safe.	