



# Carmi-White County CUSD# 5 Enrollment Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle Suffix

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

**Parents/Guardians 1:** *List parents/guardians living with student (i.e., mom & dad or mom & stepdad)*

Name 1: _____	Name 2: _____
Cell#1: _____	Cell# 2: _____
Workplace: _____	Workplace: _____
Work#2: _____	Work# 2: _____
Email: _____	Email: _____
Address: _____	
Relationship to student _____ <i>(mom &amp; dad, mom &amp; stepdad, etc)</i>	

**Is there anyone, by court order, who is not allowed to pick up this student? If so, who?\***

*\* The school must have legal documents on hand in order to enforce if the person listed is a parent*

**Parents/Guardians 2:** *(Other Parent Household, if applicable)*

Name 1: _____	Name 2: _____
Cell#1: _____	Cell# 2: _____
Workplace: _____	Workplace: _____
Work#2: _____	Work# 2: _____
Email: _____	Email: _____
Address: _____	
Relationship to student _____ <i>(mom &amp; dad, mom &amp; stepdad, etc)</i>	

Does the student have a parent/guardian who is a member of a branch of the armed forces of the United States and who is either deployed to active duty or expects to be deployed to active duty during the school year?

Yes    No  
(Please circle one.)

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

- Are you and your child living with others?    Yes    No
- If you answered yes, please circle whose home do you live in?    Your home or their home? *Please circle one.*
- Are you or your child living in a motel/shelter/campground?    Yes    No
- Is your gas, electric or water currently turned off?    Yes    No
- Is the student living with someone other than the biological parent or legal guardian?    Yes    No
- If you answered yes, does the person you are living with have a court ordered guardianship? (Please give the school a copy of the paperwork)  
Yes    No
- Is the student a foster child?    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.)

\_\_\_\_\_  
\_\_\_\_\_



TECHNOLOGY RESOURCE  
ADVISORS  
**CHROME CARE**  
WARRANTY

For the 2019-2020 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.*

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Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to purchase the optional, individual Chromebook insurance coverage for the 2019-2020 school year for an annual fee of \$22 per student/device.

Parent/Guardian Signature: \_\_\_\_\_

I waive the optional, individual Chromebook insurance coverage for the 2019-2020 school year.

Parent/Guardian Signature: \_\_\_\_\_

Office Use

Insurance Selected: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

**CARMI-WHITE COUNTY C.U.S.D. NO. 5**

**Parental Authorization for 2019-2020**

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. Voluntary Student Accident is a separate policy that goes into place after the student's primary health insurance has been exhausted so there is more coverage to hopefully help parents/guardians not have to pay so much out of pocket.
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](http://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: \_\_\_\_\_



\_\_\_\_ 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): _____		HOME PHONE: _____
STREET ADDRESS: _____		WORK PHONE: _____
(OPTIONAL) P.O. BOX: _____		
CITY _____	STATE _____ ZIP _____	

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

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**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

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**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

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**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

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**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