



### Washington 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

**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 \_\_\_\_\_ *(mom & dad, mom& stepdad, etc)*

**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 \_\_\_\_\_ *(mom & dad, mom& stepdad, etc)*

Does your child have an IEP?

- Yes
- No

**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.)

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

**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 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](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: \_\_\_\_\_

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.

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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

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ADD/ADHD  In counseling: List physician's name and diagnosis \_\_\_\_\_  
 Anxiety/Panic/Emotional Disorder  Cerebral Palsy  Speech Problems  
 Autism / Aspergers  Frequent Strep Throat  Stomach / Bowel Disorders  
 Bleeding Disorders  Headaches / Migraines  Other: \_\_\_\_\_  
 Braces / Dental Appliances  Kidney / Urinary Disorders

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.

## 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**

*Washington Attendance Center*  
**Permission Form for G Suite for Education**

**By signing below, I confirm that I have read and understand the following:**

- G Suite for Education runs on an Internet domain purchased and owned by Carmi-White County CUSD 5 and is intended for educational use only.
- By default, advertising is turned off for the school's G Suite for Education domain.
- No personal student information is collected for commercial purposes.
- Junior High School Students will only be able to send and receive email from teachers and other students in their class(es).
- All outside email is blocked. (Exceptions would require separate parent/guardian approval for programs requiring students to email outside of the of the CWCCUSD5 domain.)
- Students have no expectation of privacy on the G Suite system. School staff, and administrators all have access to student email for monitoring purposes.
- Access to and use of G Suite for Education is considered a privilege and is at the discretion of CWCJH School.
- CWCJH maintains the right to immediately withdraw access and use of G Suite for Education when there is reason to believe violations of law or school policies have occurred.

\_\_\_\_\_  
Print Student's Name ("Student")

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Parent/Guardian's Name (printed)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

With parental permission, your student will be given a G Suite for Education account with an associated email account to use only with their class(es) and teacher(s). To gain access to the apps within G Suite for Education, students under the age of 13 must first obtain permission, as verified by your acceptance or digital signature of this document. Students 13 and above must also obtain permission if using Google or third party Apps beyond the G Suite for Education core apps.

\_\_\_\_\_  
**By selecting "Accept" for this Authorization, I give permission** for my child to be assigned a Carmi-White County CUSD 5 G Suite for Education account. This means my child will receive a restricted email account and access to G Suite for Education. I understand that I may ask for my child's account to be removed at any time.

\_\_\_\_\_  
**By selecting "Deny" for this Authorization, I am stating that I do not give permission** for my child to be assigned a Carmi-White County CUSD 5 G Suite for Education account. This means my child will NOT receive a restricted email account nor access to G Suite for Education.

*For additional information about privacy and safety, Google's "Trust" site provides an excellent guide to staying safe and secure online. The guide can be accessed at <https://www.google.com/edu/trust/>*

**Technology use in Carmi-White County CUSD 5 schools is governed by federal laws including:**

- Children's Internet Protection Act (CIPA)

<https://www.fcc.gov/consumers/guides/childrens-internet-protection-act>

- Children's Online Privacy Protection Act (COPPA)

<https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions>

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13.

- Family Educational Rights and Privacy Act (FERPA)

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

## 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.	



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.*

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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# \_\_\_\_\_