



YONCALLA ELEMENTARY STUDENT DATA FORM

Student Information: (Please print clearly –Fill in completely)

Legal Name _____ Grade _____
Last First Middle

Home Address _____
Street City Zip

Mailing Address _____
Street City Zip

Student Home Phone _____ Student Cell Phone _____

Date of Birth _____ Sex _____ Age _____ Place of Birth _____

Ethnicity: (check one) Hispanic/Latino/Spanish Origin Yes No

Language Spoken at Home: English Spanish Other _____

Race: (select one or more)

American Indian/Native American Asian Black or African American Hawaiian/Pacific Islander White

Student Lives With: ___ Parents ___ Mother ___ Father ___ Guardian ___ Other

FIRST CONTACT/Guardian _____ Relation: _____ Cell Phone _____

Email Address _____ Employed by _____ Work Phone _____

SECOND CONTACT/Guardian _____ Relation: _____ Cell phone _____

Email Address _____ Employed by _____ Work Phone _____

Do you give permission for publication of information about and photos of your student within the school? Yes ___ No ___
(Bulletin boards, hallways, display cases, etc.)

Do you give permission for publication of information about and photos of your student outside the school? Yes ___ No ___
(School or student newspapers, websites, yearbook, local news, etc.)

Do you give permission for your student to attend field trips? Yes ___ No ___

NON-Custodial Parent: Note—Legal papers must be provided if any parental restrictions are requested

Does the non-custodial parent have legal rights to contact the child at school? Yes ___ No ___

Can the non-custodial parent be used as an additional emergency contact? Yes ___ No ___

Should duplicate report cards (and relevant information) be sent to this parent? Yes ___ No ___

Legal Documents received? Y ___ N ___ Office Use Only

Name: _____ Relationship _____ Phone _____

Address: _____ Employed by _____
Street City State Zip

Emergency Contact Person: In priority sequence, please list name and telephone number of contact person other than a parent or guardian.
Please note- Only the persons listed on this form will be contacted by the district, be allowed to leave messages for your child, or pick-up your child from school.

1. _____ Relationship _____ Phone # _____

2. _____ Relationship _____ Phone # _____

3. Childcare Provider (if applicable) _____ Phone# _____

Address _____

Medical/Health Information

Physician _____ Phone _____

Please list any medical, health-related or emotional issues the District and School should be aware of (**allergies**, ADHD, diabetes, etc.)

Can Yoncalla School District give your child Tylenol or cough drops? Yes _____ No _____

Please list any medications your child takes regularly at home (a separate form must be completed if your child is to take any medication at school):

Yoncalla School District does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. Parents are financially responsible for medical, dental, ambulance, or other health care expenses or transportation of your child, which might occur as a result of such illness or injury.

Daily Release Plan: It is important that your child have a regular plan to follow at release time each day. Please select the routine you have instructed your child to follow. The school will instruct your child to follow this plan UNLESS you communicate by written note or phone call of a change in plan.

- | | | |
|--|---|--|
| <input type="checkbox"/> Walk Home | <input type="checkbox"/> Walk to Child care provider | <input type="checkbox"/> Picked up by: _____ |
| <input type="checkbox"/> Ride bus Home | <input type="checkbox"/> Ride Bus to Childcare provider | <input type="checkbox"/> Other: _____ |

Miscellaneous Information:

Has your child ever attended Yoncalla School District? Yes ___ No ___

Has your child ever been retained? Yes ___ No ___

Has your child ever been expelled? Yes ___ No ___

Does your child receive special services: (Check all that apply) ___ Special education ___ 504 Plan ___ Speech
___ Behavioral Assistance ___ Academic Assistance

Is either parent active in the Military? Yes ___ No ___

Parent/Guardian Signature _____ Date _____

Yoncalla School District
Responsible use of Technology Agreement

Student and Parents/Guardian: PLEASE READ THIS TOGETHER: SIGN AND RETURN TO YOUR STUDENT'S SCHOOL.

Statement of Purpose:

Yoncalla School District teachers and students use technology and internet-based tools (e.g., blogs, wikis, podcast and video cast) in their classrooms on a regular basis to meet the district's standards and prepare student to live and work in the digital age. These technologies improve student communication and collaboration skill, provide a real audience, and extend learning beyond the classroom walls while building digital citizenship skills. Student access to technology will require responsible, courteous efficient and legal use. Our goal in providing access to these resources is to enhance the education of our students and educate them in responsible and appropriate use. It is important that students and parents recognize that information posted on the internet is public, permanent and needs to be appropriate.

I understand that my use of any district technology (computer, network, internet, resources, etc.) will be monitored. I understand if I violate this agreement, the district's policies and procedures, or student handbook, I may not be able to use technology or may experience other appropriate consequences. I acknowledge that my communications while using district technology (i.e., e-mail) is neither private nor confidential.

Terms of Agreement:

1. I agree to follow teacher/building/district instructions when using technology and use technology carefully, productively, appropriately, and primarily for school relate purposes.
2. I agree to polite, considerate, and to use appropriate language. I agree never to use technology to bully, abuse harm or frighten others.
3. I agree to tell an adult if I read, see, or access something inappropriate, or witness inappropriate use of technology. I agree not to interfere with or circumvent any filter or security measures.
4. I agree to use technology responsibly, to conserve district resources, such as server space, bandwidth, printing capacity, and to otherwise use resources as designed.
5. I agree not to share my passwords, except with my teacher or parent/guardian.
6. I agree to only use my own computer files and folders. I will not access another individual's files and folders without their permission.
7. I agree that I will not reveal or post personal information belonging to myself, or another person (i.e., passwords, address and telephone number).
8. I agree to follow the copyright laws and license and terms of use agreement.

Student: By signing my name below I agree to these terms and I have read and discussed this Responsible Use Agreement with my parent/Guardian.

Student Name (Print): _____

Student signature _____ Grade _____ Date Signed _____

Parent/Guardian: By signing my name below I agree to these terms and I have read and discussed this Responsible Use Agreement with my student.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date signed _____

Parents and Guardians Please Review with your Students Sign & Return to Driver

RULES GOVERNING PUPILS RIDING SCHOOL BUSES

OAR 581-053-0010 Oregon Department of Education

- (1) Pupils being transported are under authority of the bus driver.
- (2) Fighting, wrestling, or boisterous activity is prohibited on the bus.
- (3) Pupils shall use the emergency exit only in case of emergency.
- (4) Pupils shall be on time for the bus both morning and evening.
- (5) Pupils shall not bring firearms, weapons, or other potentially hazardous material on the bus.
- (6) Pupils shall not bring animals, except approved assistance guide animals on the bus.
- (7) Pupils shall remain seated while bus is in motion.
- (8) Pupils may be assigned seats by the bus driver.
- (9) When necessary to cross the road, pupils shall cross in front of the bus or as instructed by the bus driver.
- (10) Pupils shall not extend their hands, arms, or body parts through bus windows.
- (11) Pupils shall have written permission to leave the bus other than at home or school.
- (12) Pupils shall converse in normal tones; loud or vulgar language is prohibited.
- (13) Pupils shall not open or close windows without permission of driver.
- (14) Pupils shall keep the bus clean, and must refrain from damaging it.
- (15) Pupils shall be courteous to the driver, to fellow pupils, and passersby.
- (16) Pupils who refuse to obey promptly the directions of the driver or refuse to obey regulations may forfeit their privilege to ride buses.
- (17) Rules Governing Pupils Riding School Buses and School Activity Vehicles must be kept posted in a conspicuous place in all school buses, type 20, and type 21 activity vehicles.

Parent/Legal Guardian Print: _____ Sign: _____ Date: _____

Student Name: Print: _____ Sign: _____ Date: _____