



Norton City Schools
Administration Office
4128 Cleveland-Massillon Road
Norton, OH 44203

Norton City Schools

2016/2017 Elementary Enrollment Packet

(Grades K through 4)

Registration Requirements:

***ALL REQUIRED DOCUMENTS
MUST BE PRESENTED IN ORDER
TO ENROLL YOUR CHILD!***

- ☐ Completed enrollment packet.
- ☐ Copy of your child's state-issued birth certificate.
- ☐ Copy of your child's social security card.
- ☐ Copy of your child's shot record.
- ☐ Copies of (2) proofs of residency (*i.e., utility bill, voter's registration card, mortgage, rental or bank statement, or any government-issued document*).
- ☐ Copy of parent/guardian's driver license.
- ☐ Copy of court date-stamped custody papers, if any, naming residential parent.
- ☐ Copy of current special education IEP/ETR/504, if any.
- ☐ Include medical/allergy information and medication prescribed, if any, where noted on Health History form.

Building assignment will be made after receipt and review of enrollment paperwork.

Please return completed registration packet and required documents to:

*Mrs. Laura Danko, Enrollment
Norton City Schools
Administration Office
4128 Cleveland-Massillon Road
Norton, OH 44203*

*Direct Dial: 330 706-2723
FAX: 330 825-0929
ldanko@nortonschools.org*

Hours: 6:45-11:30 AM / 12:30-3:00 PM



Welcome to Norton City Schools!

STUDENT # _____

Norton City Schools**STUDENT REGISTRATION FORM**☒ Elementary ☐ Middle School ☐ High SchoolDate Enrolled _____ Re-Enrolled? ☐ Yes ☐ No **Grade Level** _____
Sibling(s) Currently Enrolled: _____**Please print****STUDENT INFORMATION**Name First _____ Middle _____ Last _____
(Name as stated on birth certificate)Student's S.S. # _____ ☐ Male ☐ Female

Date of Birth _____ Birthplace City _____

Birth Record ☐ Birth Certificate ☐ Passport **County of Residence** _____Address _____ Home Phone () _____
Unlisted? ☐ Y ☐ N

City _____ Zip Code _____ Cell Phone () _____

Parent's Email _____

Student's Primary Language ☐ English ☐ Other _____ (Language spoken at onset of speech.)Language Spoken in the Home ☐ English ☐ Other _____**My child is of Hispanic/Latino Heritage: (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture or origin?) Yes or No (circle one)**Racial Group ☐ White ☐ Black/or African American ☐ Asian
You may choose ☐ American Indian or Alaskan Native
more than one ☐ Native Hawaiian or Other Pacific IslanderIs your child receiving special education services (IEP/ETR, 504)? ☐ Yes ☐ No

If "Yes", please indicate the type(s) of services received: _____

PARENT INFORMATIONStudent lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Foster Family ☐ Legal Guardian
☐ Grandparents ☐ Other _____ Are there Custody Papers? ☐ Y ☐ N (If YES, copy required.)

Father's Name: _____ Occupation: _____

Employer: _____ Business Phone: _____

Mother's Name: _____ Occupation: _____

Employer: _____ Business Phone: _____

PREVIOUS SCHOOL ATTENDED

Previous School: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

(OVER)



Alert Calling System

The contact numbers listed below will be used for calls from our Alert Calling System.

Only the **primary** number will receive weather cancellation calls (snow days, etc.). All three numbers will receive informational and emergency calls deemed necessary by Norton City Schools.

DIRECT NUMBERS ONLY – NO EXTENSIONS!

Parent/Legal Guardian Numbers Only	Relationship to student
Primary number ()	
Emergency number ()	
Emergency number ()	
<input type="checkbox"/> I choose NOT to participate *	

* Please understand that by NOT PARTICIPATING, you will **NOT** receive any weather related or emergency calls from your child/children's school(s).

In order to keep this information accurate, it is necessary for you to contact the building secretary with any changes.



Norton City Schools

Family Information Disclosure

Ohio Law (3313.64, 3313.712, 3321, 3321.01, 3321.03 and 3321.18 O.R.C.) requires school officials to verify the custody status of all students enrolling in public schools. Therefore, it is necessary that you provide the information requested below. The information on this form will be used by appropriate school personnel and will be filed in the student's permanent record which may be reviewed upon request. This form may also be filed with student's resident district if applying for open enrollment.

Student's Name: _____

Student's Date of Birth: _____

CUSTODY

Please check the statement below that describes your relationship to the above-named student:

- ☐ Natural or adoptive parent; married, not divorced or separated.
- ☐ Natural Parent, single at the time of child's birth.
- ☐ Divorced natural or adoptive parent (***a copy of court date-stamped custody orders naming residential parent MUST BE ON FILE***).
- ☐ Separated natural or adoptive parent.
- ☐ Widow or widower, surviving natural adoptive parent.
- ☐ Foster parent or any other situation where a court or agency holds custody (***MUST HAVE "Verification of Foster Placement" form completed***).
- ☐ Court appointed guardian.
- ☐ Other: Please explain: _____



Norton City Schools

4128 Cleveland Massillon Road, Norton OH 4423
330 825-0863 PH - 330 825-0929 FAX

VERIFICATION OF FOSTER PLACEMENT

_____, is in
Name of Child Date of Birth

The temporary custody of _____ County Children
Services Board and is in a foster placement with:

Name of Foster Family

Street Address

_____, Ohio _____
City Zip

Telephone Number

_____ attended _____ School in _____
County when he/she was removed from his/her biological family or custodial parent.

THE FOLLOWING INFORMATION MUST BE PROVIDED:

Biological Parent's Name

Biological Parent's Street Address, City, State and ZIP-Code

Social Worker's Signature

Date

Social Worker's Telephone Number

Is student currently receiving Special Education Services? ☐ YES* ☐ NO



*If yes, please include most
recent IEP/ETR/MFE or 504.

A court date-stamped copy of the journal entry stating the district
responsible for tuition/education of the student **MUST** accompany
this form before student can be enrolled at Norton City Schools.



NORTON CITY SCHOOLS - 4128 CLEVELAND MASSILLON RD - NORTON OH 44203
330.825.0929 - WWW.NORTONSCHOOLS.ORG

NORTON CITY SCHOOL HOME LANGUAGE SURVEY

Date: _____

Name of Student: _____

Date of Birth: _____

Place of Birth: _____

Parent/Guardian: _____

Address: _____

City/State/Zip: _____

PARENT/GUARDIANS

Please answer the following questions:

1) What language did your son/daughter speak when he/she first learned to talk?

2) What language does your son/daughter use most frequently at home?

3) What language do you use most frequently to your son/daughter?

4) What language do the adults at home most often speak?

5) How long has your son/daughter attended school in the United States?

Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
----------------	--	---------------------------

Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History ☐ No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems. _____	
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced	

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions: <input type="checkbox"/> NO medical conditions		
<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Behavior concerns <input type="checkbox"/> Birth/congenital malformations <input type="checkbox"/> Bone/muscle/joint problems <input type="checkbox"/> Blood problems <input type="checkbox"/> Bowel/bladder problems <input type="checkbox"/> Cancer <input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Diabetes <input type="checkbox"/> Depression <input type="checkbox"/> Ear problem/hearing difficulty <input type="checkbox"/> Emotional concerns <input type="checkbox"/> Headaches <input type="checkbox"/> Heart problems <input type="checkbox"/> Hemophilia <input type="checkbox"/> Juvenile arthritis <input type="checkbox"/> Lead poisoning <input type="checkbox"/> Migraines <input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Seizure disorder <input type="checkbox"/> Sickle cell anemia <input type="checkbox"/> Skin conditions <input type="checkbox"/> Speech problems <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Vision problems (glasses, contacts) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
Please explain any conditions above or any reasons for hospitalizations. _____		
Please indicate any allergies your child may have.		
Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.		
Medication and dose	Time	Reason
Do any health and/or medical conditions require school restrictions, modifications, and/or intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain.		
Does the student require any special procedures and/or treatments for their health condition(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain.		
Please indicate any other information about your child's health or development that you think would be helpful for the school to know.		
Form completed by	Relationship to student	Date / /



Norton City Schools

RECORDS REQUEST

*Parent/Guardian: Please complete top portion, sign and return with registration packet.
District personnel will send records request to previous school.*

TO: _____
School Previously Attended

Street Address City State Zip

Phone FAX

YOU ARE AUTHORIZED TO RELEASE RECORDS FOR:

Student's Name: _____ Grade: _____ Birthdate: ____/____/20

Student's Name: _____ Grade: _____ Birthdate: ____/____/20

Student's Name: _____ Grade: _____ Birthdate: ____/____/20

**
Signature of Parent

****NOTE:** According to the Family Rights and Privacy Act (Buckley Amendment 99.31, P.L. 93-380 dated June 17, 1976, vol.41, No. 188, Page 24673), parental permission is no longer required when records are requested by authorized school personnel.

SPECIFIC RECORDS TO BE RELEASED:

- ☒ Directory Information
- ☒ Health Records
- ☒ Withdrawal Grades/Grades in Progress
- ☒ Permanent/Cumulative Record
- ☒ Gifted/Title I Services
- ☒ All Special Education Information (IEP, ETR, 504)
- ☐ Other: _____

REASON FOR REQUEST:

- ☒ Enrollment
- ☐ Other: _____



PLEASE RETURN RECORDS TO: (Attending building to be determined by district personnel.)

☐ **Cornerstone Elementary**
Attn: Mrs. Cris Ferguson
4138 Cleveland-Massillon Rd.
Norton, OH 44203
330 825-3828
330 825-3817 (FAX)

☐ **Grill Elementary**
Attn: Mrs. Laury Bryant
6125 Kungle Road
Clinton, OH 44216
330 825-2677
330 706-1027 (FAX)

☐ **Primary Elementary**
Attn: Ms. Amy Harris
3163 Greenwich Road
Norton, OH 44203
330 825-5133
330 825-0794 (FAX)

ADMISSION DATE: _____ ENROLLING AS: ☐ RESIDENT ☐ OPEN ENROLLMENT



NORTON CITY SCHOOLS

BUS TRANSPORTATION INFORMATION

LAST NAME _____ FIRST NAME _____

Resident Address _____

City/State/Zip _____

Parent's Names _____

Home Phone (330) _____ - _____ Birth date ____/____/____ Male ____ Female ____
(month / date / year)

Cell Phone _____ - _____ - _____

Date starting school _____ Grade ____ for school year: 20____ - 20____

(Pre-School - ____ AM ____ PM)

School: ☐Grill ☐Primary ☐Cornerstone ☐Middle School ☐High School

☐ Open Enrollment ☐ Resident

Address to be **picked up**: _____

This stop is: ☐ Home ☐ Day Care ☐ Babysitter ☐ Other _____

Address to be **dropped off**: _____

This stop is: ☐ Home ☐ Day Care ☐ Babysitter ☐ Other _____

*******YOU WILL BE ASSIGNED THE CLOSEST STOP*******

*******BUSING ONLY IF AVAILABLE*******

THE BUS GARAGE WILL CONTACT YOU OF THE STOP AND TIME OF THE STOP.

Phone: 330-825-2226

Fax: 330-825-4802

Directory, Photo & Video Release Form

Dear Parent/Guardian,

The Federal Family Educational Rights and Privacy Act of 1974 permits the school district to release certain information, known as "directory information," to certain people or institutions, unless you request, in writing, that such information not be released. Please note, a request that the school not release directory information pertaining to your child must be submitted annually.

In many cases, requests for this type of information come from news publishers, colleges, recruiters, parent groups, etc. "Directory information" may include:

- student name, address and telephone number;
- date and place of birth;
- participation in officially-recognized activities and sports;
- weight and height of athletic team members;
- dates of attendance;
- the most recent educational agency or institution attended by the student; and photographs or similar information.

Photographs and videos may occasionally be taken of students for use in the news media or in media presentations that are made available to other educational institutions or through cable television or network, school district publications, or the internet, as well.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/ her work. The law requires that we ask for your permission to use information about your child.

SCHOOL YEAR "DIRECTORY INFORMATION" INSTRUCTIONS

Please check your preference:

☐ **I give my permission for directory and other information to be released during this school year.**

☐ **I do NOT wish my child's "directory information" released.**

Please check your preference:

☐ **I authorize the release of my child's picture/video and name to be released during this school year. I understand that I am giving permission for school-related videos/pictures to be shared on the Internet.**

☐ **I do NOT wish my child to appear in any photographs or videos.**

(This includes yearbook and programs for co-curricular activities)

Child's Name (please print) _____ Grade _____

School Attending _____

Parent/Guardian Signature _____ Date _____

**Return this completed form to your building principal by Sept.15th of the current school year.
This request must be submitted annually.**

It is the policy of this district that no student shall be discriminated against on the basis of race, color, religion, national-origin, or citizenship status, creed or ancestry, age, gender, disability, height, weight, or other protected characteristics.

EMERGENCY MEDICAL AUTHORIZATION FORM NORTON CITY SCHOOLS

IMPORTANT: PLEASE PRINT USING BLACK INK (NO GEL PENS PLEASE)!

Student Name _____ BLDG: _____ GRADE: _____

Address: _____ Sex: ☐ M ☐ F Birth Date ____/____/____

City/Zip: _____ Phone: _____ / _____

Email Address: _____ Student # _____

Parents or Guardians: Authorize emergency treatment by signing ONE of the boxes below.

Part I or Part II MUST be completed.

Failure to sign either will give authorization for treatment.

PART I: GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone _____ - _____

Dentist _____ Phone _____ - _____

Medical Specialist _____ Phone _____ - _____

Local Hospital _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring the necessity of surgery is obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

1. Medical Condition: _____

2. Allergies _____ **EPI-PEN: YES _____ NO _____**

3. Medications: _____

(if medication is required to be administered during schools hours, please complete medication forms available on district website.)

4. Bus Driver Medical Information: _____

Signature of Parent/Guardian _____ Date: _____

PART II: REFUSE CONSENT

I DO NOT GIVE CONSENT for emergency medical treatment of my child. In the event of illness or injury regarding emergency treatment, I wish the school authorities to take the following action: _____

Signature of Parent/Guardian _____ Date: _____

PLEASE LIST ANYONE NOT PERMITTED TO HAVE CONTACT WITH YOUR STUDENT:

Name _____ Relationship to Student: _____

Name _____ Relationship to Student: _____

PLEASE COMPLETE REVERSE SIDE.

EMERGENCY CONTACTS

Please list the order of persons to be contacted in an emergency, including the parents:

First Contact:

Name _____ Relationship to Student _____
Address _____
Daytime Phone _____ - _____ Cell Phone _____ - _____

Second Contact:

Name _____ Relationship to Student _____
Address _____
Daytime Phone _____ - _____ Cell Phone _____ - _____

Third Contact:

Name _____ Relationship to Student _____
Address _____
Daytime Phone _____ - _____ Cell Phone _____ - _____

Fourth Contact:

Name _____ Relationship to Student _____
Address _____
Daytime Phone _____ - _____ Cell Phone _____ - _____

FOR PRESCHOOL, ELEMENTARY AND MIDDLE SCHOOL USE ONLY:

CHILD CARE PROVIDER

Name _____ Relationship to Student _____
Address _____
Daytime Phone _____ - _____ Cell Phone _____ - _____

Norton City Schools

Technology Acceptable Use Policy for Elementary Students

Introduction

Technology can greatly enhance an instructional program, as well as provide efficiency for users. Norton City Schools provides students with access to equipment, software, and network services to be used as tools to support learning, collaboration, educational research related to the district curriculum and the state academic content standards. The use of this technology is a privilege.

It is the policy of Norton City Schools that the technology resources be used in a responsible, efficient, ethical, and legal manner in accordance with the mission of the district. Users must acknowledge their understanding of the policy and guidelines as a condition of receiving network and internet access. In order for the School District to be able to make its network and internet access available, all students must take responsibility for the appropriate and lawful use of this access. Students must understand that one student's misuse of the network and Internet access may jeopardize the ability of all students to enjoy such access. While teachers and other staff will make reasonable efforts to supervise student use of network and internet access, they must have student and parent cooperation in exercising and promoting responsible use of this access.

Use of the District Network includes Internet access. Internet access is filtered throughout the District as required by the federal Childhood Internet Protection Act. For this reason, personal "hot spots" cannot be used by students. While content on the Internet is filtered and network use is subject to supervision, it is possible that students might access inappropriate material either deliberately and/or accidentally. District guidelines for Internet use prohibit access to material that is inappropriate in the school environment or harmful to minors.

"Harmful to minors" is defined as any picture, image, graphic image file or other visual depiction that:

1. taken as a whole and with respect to minors appeals to a prurient interest in nudity, sex or excretion;
2. depicts, describes or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts or a lewd exhibition of genitals and;
3. taken as a whole, lacks serious literary, artistic, political or scientific value as to minors.

The District will educate minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms and cyber-bullying awareness and response. The Superintendent/designee will develop a program to educate students on these issues.

Students should immediately report any security problem or misuse of the Internet or equipment on the network to a teacher or a building administrator.

The District network is to be used in a responsible, efficient, ethical, and legal manner. In order for students to use the District network and the Internet, students and their guardian must first read, understand, and sign the following Acceptable Use Policy annually by September 30 of current school year. The School District reserves the right to refuse access to the District network.

Technology Resources

The technology systems of the District are intended for educational uses. Material created and/or stored on district managed resources is not private. To ensure proper use, administrators will periodically review the network. All communications and information utilizing district resources are subject to removal if deemed inappropriate.

Acceptable Uses of Technology Resources

- Norton City Schools is providing access to its network for only educational and school operational purposes. If you have any doubt about whether a contemplated activity is appropriate, you should consult with a teacher or school personnel in charge.
- Students will respect the privacy of others. Students will respect the proper care and functions of the equipment and immediately report any hardware, software, security problem, or network abuse to a teacher or school personnel in charge.
- Personal removable storage media shall only be used if believed to be virus free.

Unacceptable Uses of Technology Resources

- Use District technology equipment, software, and network without supervision.
- Share a network account or password.
- Use someone else's account or attempt to access another user's files.
- Engage in actions detrimental to the operation of hardware, software, and/or the network (includes but not limited to removal of keyboard keys, mouse disassembly, destruction, defacement of any equipment, wasting resources, i.e., paper, ink, server space, network band, etc.).
- Create or change configurations on computers or the network.
- Access or "hack" unauthorized hardware, software, or the network.
- Access, or attempt to access, inappropriate or sexually explicit material or share information about inappropriate material with other students.
- Attempting to/or bypassing the filter (includes, but not limited to, hot spots, proxy servers, etc.) using district or non-district resources.
- Use vulgar, derogatory, or obscene language, or language that may be hurtful to another person or that may constitute personal attacks or harassment of, or provide private information about another person.
- Plagiarize or break copyright laws.
- Use District technology or network services for personal, entertainment, political, or commercial purposes.
- Alter any program, hardware, or software.
- Engage in actions that cause damage, impair effective use, or defeat protective security software.
- Using school provided email, web page, or Web 2.0 resources to send and/or forward material that could be considered inappropriate, offensive or harassing (includes, but not limited to, jokes, political rhetoric, personal sales, chain emails).
- Use unapproved personal technology equipment (includes, but not limited to laptops, mobile devices) or software on District network resources.
- Download, copy, or store unauthorized files, software, shareware, or freeware.

Consequences of Irresponsible Use

Consequences for individuals violating the Acceptable Use Policy vary depending on the nature and seriousness of the violation. Consequences might include:

- Loss of technology privileges for a specific period of time or indefinitely.
- Removal from a course, if the student is in a course that requires the use of Technology Resources.
- Suspension and/or expulsion as per the student code of conduct.
- Potential civil or criminal liability.

Internet Safety

- Do not give out personal information while online, such as full name, address, telephone number, and picture.
- Never agree to meet with an online friend.
- If you ever encounter something online that you do not understand or that makes you feel uncomfortable, tell a teacher or staff personnel.
- When using District provided resources, do not respond to offensive or dangerous e-mail, chat, or other communications. Report any such communication. Do not delete the offensive or dangerous e-mail or communication.
- Be a good online citizen and do not do anything that hurts other people.

Warranties/Indemnification

The Norton City School District makes no warranties of any kind, whether expressed or implied, in connection with its provision of access to and use of its technology, networks, and the Internet provided under this Policy. The Norton City School District will not be responsible for any claims, losses, damages, or costs (including attorney's fees and data plan usage) of any kind suffered, directly or indirectly, by any user resulting from the use of technology and the electronic network. The user takes full responsibility for his/her use. The user agrees to indemnify and hold the Norton City School District, its employees, and the Northeast Ohio Network for Educational Technology (NEONET) harmless from any and all loss, costs, or damages resulting from the use authorized under this agreement, including but not limited to any fees or charges incurred through purchases of goods or services by the user over the electronic network. The user agrees to cooperate with the District in the event of the District initiating an investigation of a user's misuse of his/her access to the network and the Internet, whether that use is on a District resource or another resource outside the School District's network.

Keep this copy of the policy

Norton City Schools
Elementary Schools Technology Acceptable Use Agreement

Students

- I will follow all school rules while I am on the equipment or device. I will not damage these items. I will not change other people's work without their permission.
- I will only go on the Internet with my teacher's help. I will only visit sites that my teacher tells me are appropriate. I will give out my name only if my teacher tells me it is O.K. If I find something on the computer that makes me feel uncomfortable, I will tell my teacher right away.
- I will share the equipment or device with my classmates.
- I will not print without my teacher's permission nor print more than I need.
- I will let my teacher know if someone is not following the technology rules.
- I will be a good digital citizen.

Student's Signature: _____

Date: _____

Please print student's first and last name: _____

School Building: _____ Grade: _____

Parents

- I have read the Norton City School's Technology Acceptable Use Policy
- I have explained to my child what is expected.
- I understand that the teacher may be integrating Web 2.0 Tools such as Google Docs, Edmodo, etc., in the classroom.
- I understand that Norton City Schools is not responsible for any lost or damaged data created by my child

☐ I give my child permission to use the technology resources according to the regulations set forth in that policy.

☐ I **DO NOT** give my child permission to use the technology resources.

Parent's Signature: _____

Date: _____

Please return signature page to student's school or teacher.

Directory, Photo & Video Release Form

Dear Parent/Guardian,

The Federal Family Educational Rights and Privacy Act of 1974 permits the school district to release certain information, known as "directory information," to certain people or institutions, unless you request, in writing, that such information not be released. Please note, a request that the school not release directory information pertaining to your child must be submitted annually.

In many cases, requests for this type of information come from news publishers, colleges, recruiters, parent groups, etc. "Directory information" may include:

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- date and place of birth;
- participation in officially-recognized activities and sports;
- weight and height of athletic team members;
- dates of attendance;
- the most recent educational agency or institution attended by the student; and photographs or similar information.

Photographs and videos may occasionally be taken of students for use in the news media or in media presentations that are made available to other educational institutions or through cable television or network, school district publications, or the internet, as well.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/ her work. The law requires that we ask for your permission to use information about your child.

SCHOOL YEAR "DIRECTORY INFORMATION" INSTRUCTIONS

Please check your preference:

☐ **I give my permission for directory and other information to be released during this school year.**

☐ **I do NOT wish my child's "directory information" released.**

Please check your preference:

☐ **I authorize the release of my child's picture/video and name to be released during this school year. I understand that I am giving permission for school-related videos/pictures to be shared on the Internet.**

☐ **I do NOT wish my child to appear in any photographs or videos.**

(This includes yearbook and programs for co-curricular activities)

Child's Name (please print) _____ Grade _____

School Attending _____

Parent/Guardian Signature _____ Date _____

***Return this completed form to your building principal by Sept.15th of the current school year.
This request must be submitted annually.***

It is the policy of this district that no student shall be discriminated against on the basis of race, color, religion, national-origin, or citizenship status, creed or ancestry, age, gender, disability, height, weight, or other protected characteristics.

EMERGENCY MEDICAL AUTHORIZATION FORM NORTON CITY SCHOOLS

IMPORTANT: PLEASE PRINT USING BLACK INK (NO GEL PENS PLEASE)!

Student Name _____ BLDG: _____ GRADE: _____

Address: _____ Sex: ☐ M ☐ F Birth Date ____/____/____

City/Zip: _____ Phone: _____ / _____

Email Address: _____ Student # _____

Parents or Guardians: Authorize emergency treatment by signing ONE of the boxes below.

Part I or Part II MUST be completed.

Failure to sign either will give authorization for treatment.

PART I: GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone _____ - _____

Dentist _____ Phone _____ - _____

Medical Specialist _____ Phone _____ - _____

Local Hospital _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring the necessity of surgery is obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

1. Medical Condition: _____

2. Allergies _____ EPI-PEN: YES ____ NO ____

3. Medications: _____

(if medication is required to be administered during schools hours, please complete medication forms available on district website.)

4. Bus Driver Medical Information: _____

Signature of Parent/Guardian _____ **Date:** _____

PART II: REFUSE CONSENT

I DO NOT GIVE CONSENT for emergency medical treatment of my child. In the event of illness or injury regarding emergency treatment, I wish the school authorities to take the following action: _____

Signature of Parent/Guardian _____ **Date:** _____

PLEASE LIST ANYONE NOT PERMITTED TO HAVE CONTACT WITH YOUR STUDENT:

Name _____ Relationship to Student: _____

Name _____ Relationship to Student: _____

PLEASE COMPLETE REVERSE SIDE.

EMERGENCY CONTACTS

Please list the order of persons to be contacted in an emergency, including the parents:

First Contact:

Name _____ Relationship to Student _____
Address _____
Daytime Phone _____ - _____ Cell Phone _____ - _____

Second Contact:

Name _____ Relationship to Student _____
Address _____
Daytime Phone _____ - _____ Cell Phone _____ - _____

Third Contact:

Name _____ Relationship to Student _____
Address _____
Daytime Phone _____ - _____ Cell Phone _____ - _____

Fourth Contact:

Name _____ Relationship to Student _____
Address _____
Daytime Phone _____ - _____ Cell Phone _____ - _____

FOR PRESCHOOL, ELEMENTARY AND MIDDLE SCHOOL USE ONLY:

CHILD CARE PROVIDER

Name _____ Relationship to Student _____
Address _____
Daytime Phone _____ - _____ Cell Phone _____ - _____