

Dakota Valley High School
1150 Northshore Drive • North Sioux City, SD 57049

Erik Sommervold, Principal • Bill Clements, Activities Director • Heather Welch, Counselor/Registrar
www.dvschools.com Telephone: (605) 422-3820 Fax: (605) 422-3827

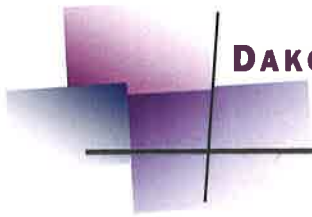
Welcome to DVHS, home of the Panthers!

In order to enroll your child as a student at Dakota Valley High School, please bring the following items at the time of registration:

- Certified copy of birth certificate
- Immunization records – to include Meningococcal and Tdap
- Transfer grades (if student is coming from another high school during the school year)
- Unofficial transcript

Please complete and submit the following items as soon as possible:

- Records Request
- High School Enrollment form
- Special Services Background Information
- Parental Computer Agreement
- Acceptable use of internet/technology form
- Computer Insurance form (include payment, if applicable)
- Over the counter medication administration form
- Prescription medication form (please ask for form, if applicable)



DAKOTA VALLEY SCHOOL DISTRICT 61-8

*The vision of
Dakota Valley High School
is to graduate productive citizens who
are lifelong learners.*

*The mission of
Dakota Valley Schools
is to ensure all students receive an
enriched educational experience
in a safe environment.*



Erik Sommervold, High School Principal

Phone: 605-422-3820
Fax: 605-422-3827
erik.sommervold@k12.sd.us

RECORDS RELEASE REQUEST

The following student _____, Date of Birth _____, entering grade _____, has enrolled at Dakota Valley High School and has indicated previous attendance at your school.

Please forward this student's cumulative school records, including:

- _____ Complete transcript of grades and credits earned
- _____ Birth Certificate
- _____ Standardized test data
- _____ Health/Immunization records
- _____ Pertinent psychological and/or special education records
- _____ Discipline Records
- _____ Enrollment History (Please list start and end dates for each year student attended.)
- _____ Other related records as needed by the school

Information can be emailed to: lisa.morford@k12.sd.us

Or mailed to:

Dakota Valley High School
Attn: Counselor's Office
1150 Northshore Dr
North Sioux City, SD 57049

Or faxed to: 605-422-3827

(Name of Previous School)

(School Mailing Address) (City/State/Zip Code)

(School Phone Number) (School Fax Number)

I hereby authorize the Dakota Valley School District #61-8 to obtain school records, including grade and health records, as well as psychological, social, education or developmental information regarding the following student:

(Parent Name) (Relationship to student)

(Mailing Address) (City/State/Zip Code)

(Current Phone Number) (Date)

"FEDERAL LAW 99.31 - "NO PARENT SIGNATURE REQUIRED FOR EDUCATIONAL RECORDS TO BE SENT TO ANOTHER EDUCATIONAL AGENCY."



Enrollment Form - Dakota Valley High School

Student Personal Information

Student Name: _____ Grade: _____ Gender: Male / Female
(First) (Middle) (Last)

Birth Date: ____/____/____ Age: _____ Birth Place: _____ Student Cell Phone: (____) ____ - ____
(State / Country)

Race/Ethnicity (check all that apply): Hispanic/Latino American Indian or Alaska Native Black or African American
 White Native Hawaiian or Pacific Islander Asian

Physical Address: _____
(Street) (City / State) (Zip Code)

Is this address Temporary: Yes ___ No ___ If yes, explain on back of form.

Mailing Address: _____ Home Phone: (____) ____ - ____
(If different than Physical Address) (Street / PO Box) (City / State) (Zip Code)

Permission to use student household information for PTO Student Directory Publication. YES ___ NO ___ Initial Here: _____

Permission for my child to be photographed and/or interviewed for local news publications. YES ___ NO ___ Initial Here: _____

Primary Household

Parent/Guardian Name : _____ Father Mother Other _____
(First) (Last) (Circle One)

Employer: _____ Work Phone: (____) ____ - ____

E-mail Address: _____ Cell Phone: (____) ____ - ____

Parent/Guardian Name: _____ Father Mother Other _____
(First) (Last) (Circle One)

Employer: _____ Work Phone: (____) ____ - ____

E-mail Address: _____ Cell Phone: (____) ____ - ____

Secondary Household

Should this parent receive a copy of school mailings? Yes No

Parent/Guardian Name : _____ Father Mother Other _____
(First) (Last)

Home Mailing Address: _____ Home Phone: (____) ____ - ____
(Street / PO Box) (City / State) (Zip Code)

Employer: _____ Work Phone: (____) ____ - ____

E-mail Address: _____ Cell Phone: (____) ____ - ____

Parent/Guardian Name: _____ Father Mother Other _____
(First) (Last)

Employer: _____ Work Phone: (____) ____ - ____

E-mail Address: _____ Cell Phone: (____) ____ - ____

Emergency Contact Information

(List Persons other than Parents)

Contact Name: _____ Relationship to Student: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Other siblings living at home residence of student:

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

OFFICE USE ONLY:

Entered in DDN: _____ State ID: _____ Tech Help Notified: Y or N _____

Lunch PIN: _____ Locker Number: _____ Locker Combination: _____





**DAKOTA VALLEY SCHOOL DISTRICT
NEW STUDENT ENROLLMENT: SPECIAL SERVICES BACKGROUND INFORMATION**

STUDENT NAME:		BIRTHDATE:	
PARENT/GUARDIAN NAME:		GRADE:	

SPECIAL SERVICES INFORMATION

Does your child currently have an Individual Education Plan (IEP)? Yes No

If yes, please mark what special education services your child is currently receiving:

- | | |
|---|---|
| <input type="checkbox"/> Special Education/Resource | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Speech/Language/Articulation | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Psychological/Counseling | <input type="checkbox"/> Other: _____ |

Does your child currently have a 504 Plan? Yes No

Does your child currently have a Behavior Plan? Yes No

HOME LANGUAGE INFORMATION

In order to identify students with limited English proficiency, please answer the following questions:

What language is *most frequently* spoken at home? _____

What language does your child *most frequently* speak at home? _____

What language do you *most frequently* speak to your child? _____

What language did your child learn when he/she first began to talk? _____

FOR OFFICE USE ONLY

Date paperwork received from parent: _____

Date records received from previous school: _____

Date Special Services Director/Teacher notified: _____





Dakota Valley School District No. 61-8

Administration Center
1150 Northshore Drive
North Sioux City, SD 57049
Phone: (605) 422-3800 Fax: (605) 422-3807

North
Central
Association
K-12 ACCREDITED

Board of Education Members

Corey Reiff, Chair
James Heeren, Vice-Chair
Steve Kistner
Kevin Hoffman
Jeff Dooley

Superintendent of Schools

Dr. Jerry Rasmussen

Technology Director

Michael Oberg

HS Principal

Erik Sommervold

Middle School Principal

Harlan Halverson

Dear Parent,

Dakota Valley's 1:1 initiative is virtually unrivaled for a school of this size in the state of South Dakota. We are one of few schools that offers this technology for grades 6-12. With that said, please read the following carefully:

- Students are responsible to abide by Dakota Valley's Acceptable Network and Internet Use Policy. A \$25 reimaging fee will be charged for any unauthorized software installed on the computer.
- Students are responsible for the District owned equipment issued to them. As a parent/guardian you need to make sure your child understands that lost or intentionally damaged equipment will be fined accordingly.
- The District provides insurance for ADP (Accidental Damage Protection) for computers that are damaged without purposeful intent. Accidental Damage Protection includes scenarios such as a spill or dropped computer in accordance with Hewlett Packard's Warranty and Riverside Technologies ADP coverage.
- In the event of a lost or stolen computer Dakota Valley provides insurance for \$25. You can pay this when you get your registration packets or use alternatives such as your home owner's policy. If you opt for the District insurance you must report a lost or stolen computer within 48 hours.

Dakota Valley provides laptop bags for your student, any damage to these will be billed and not covered under the ADP Protection or Insurance Policy. If any coloring or defacing occurs you will be charged a replacement cost of \$30, this is not a book bag and the only items should include the computer and charger. Charges are the same for lost or missing items such as chargers and straps. The strap is \$7, charger \$45, and as stated above unauthorized software is a reimaging fee of \$25.

Parent Agreement: As a parent or guardian of this student, I have read the above and understand the information provided in accordance with board policy EHAB:

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Student Name (Please Print): _____



The Mission of the Dakota Valley School District is:



TO ENSURE ALL STUDENTS RECEIVE AN ENRICHED EDUCATIONAL EXPERIENCE IN A SAFE ENVIRONMENT

Network Acceptable Use Policy (AUP)

Terms and Conditions for Use

Introduction:

Computer information systems and networks are an integral part of school business and curriculum at Dakota Valley Schools. The district has made a substantial investment in human and financial resources to create and maintain these systems.

The enclosed policies and directives have been established in order to:

- Protect and safeguard the information, computer network, faculty and students.
- Increase productivity while providing greater information retrieval.

Access to the Internet is provided to faculty and students for the benefit of curriculum and school business. Faculty and students are able to connect to a variety of educational and business information resources around the world.

Direct student use of e-mail or instant messaging is strictly prohibited due to the inability to proactively monitor all communications, unless expressly authorized by the building Principal. However, content filtering and logging has been established to monitor any and all Internet and Intranet transmissions. All computers and information passing through the Dakota Valley School District computers and network are monitored. No right to privacy shall be construed, nor do academic freedom issues apply.

By signing this document, you further understand that any personal for-profit business or political lobbying conducted through the Dakota Valley School District computers and network is prohibited. All use must fit within district ethics and safety guidelines.

All District network users are required to sign an Acceptable Use Policy (File EHAB-S) prior to the use of school computers or other hardware. Students and legal guardians must sign the AUP upon enrollment in each building; grades K-4th, 5th-8th, and 9th-12th.

Dakota Valley School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. Dakota Valley School District will not be responsible for any damages the user suffers. This includes loss of data resulting from delays or other service interruptions caused by either the district or users own negligence, errors or omissions. Use of any information obtained via Dakota Valley School District network is at the users own risk.

Violations:

Failure to observe these guidelines will result in disciplinary action by the district. Disciplinary action will be determined based upon the type and severity of the violation, whether it causes any liability or loss to the district, and/or the presence of any repeated violation(s). Student due process rights will be upheld.

Legal Reference:

Dakota Valley School District and its faculty are legally bound to comply with the Federal Copyright Act (Title 17 of the U. S. Code), the Child Information Protection Act (CIPA) and all proprietary software license agreements. Noncompliance can expose the district and the responsible faculty members or students to civil and/or criminal penalties.

Civil & Criminal Penalties:

Violations of copyright law expose the district and the responsible parties to the following civil penalties:

- Liability for damages suffered by the copyright owner.
- Profits that are attributable to the copying.
- Fines up to \$250,000 for each illegal copy.
- Jail terms of up to five years.

User Responsibilities

Internet/Messaging:

1. Ensure that all communications are for educational reasons and that they do not negatively interfere with his/her work.
2. Be responsible for the content of all text, audio, or images that (s)he places or sends over the Internet. Personal information including, but not limited to screen names or aliases, are not to be used in any fashion without prior approval from the building principal.

3. Never transmit copyrighted materials without permission from the copyright holder.
4. Know and abide by all applicable district policies dealing with security and confidentiality of district records.
5. Never conduct instant messaging sessions unless explicitly setup for in-class group learning.
6. Users will not allow or endorse any non-profit organization or advertise for profit without the written consent of an administrator.

Downloads/Security Policy:

1. Data disks or other removable media are not allowed unless needed to transport data from school to home or from a device without network connectivity. All disks used, must be scanned for viruses. All data should reside on the users' home network drive or shared drive space.
2. Equipment modifications such as removing cables, modifying system configurations or changing video displays are prohibited without prior authorization from the network administrator.
3. Users must exercise care to safeguard the valuable electronic equipment assigned to them. Users who neglect this duty will be accountable for any loss or damage that may result.
4. Users will not make any attempts to negatively affect or hack the district's networks or networks outside of Dakota Valley.
5. Users will not install or modify any computer software or hardware that has not been approved for district use.
6. Users may not download or install programs unless approved by the Director of Technology.

Access Codes/Passwords:

1. Users shall be responsible for all computer transactions that are made with his/her User ID and password.
2. Users shall not disclose passwords or other personal information to others. Passwords must be changed immediately if it is suspected that others may have access to the account. Passwords should not be recorded where they may be easily obtained.
3. Users shall use passwords that will not be easily guessed by others.
4. Users will log out when leaving class or a workstation for an extended period.
5. Users will not allow others to utilize their login account.

Adopted:	March 13, 1996
Revised:	May 19, 1997
Revised:	September 9, 2002
Policy Committee Review:	November 12, 2007

Acceptable Network and Internet Use Policy

Dakota Valley School District

Student / Parent Acknowledgment

This form is used to acknowledge receipt of, and compliance with, the Dakota Valley School District Acceptable Use Policy (AUP). I understand that acceptance of this policy is mandatory for access to the Dakota Valley School network and network privileges.

Procedure

1. Read and understand the Acceptable Use Policy (File: EHAB)
2. Sign and date in the spaces provided below.
3. Return this page only to the Media Center.

By signing below, I agree to the following terms;

Student Agreement: I understand and will abide by the Dakota Valley School District Acceptable Use Policy (AUP). I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges will be revoked; school disciplinary action may be taken and/or appropriate legal action as required by local, state and federal statutes.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent Agreement: As a parent or guardian of this student, I have read the Acceptable Use Agreement (AUP). I understand that access is limited to educational purposes, but that it is impossible for Dakota Valley to restrict all controversial material acquired on the network. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

PLEASE SIGN AND RETURN THIS PAGE TO THE SCHOOL

Adopted: March 13, 1996

Revised: August, 13, 2012

Date _____ Students Name _____

Parent Signature _____

For Office Use Only:

Date Received: _____

Payment Amount: _____

Payment Type: Check _____ Cash

Mobile Computer Protection

The Dakota Valley School District recognizes that with the implementation of the Mobile computer initiative there is a need to protect the investment by both the District and the end user. The following outlines the various areas of protection: warranty, accidental damage protection and insurance.

Computer Vendor Warranty: This coverage is purchased by the Dakota Valley School District as part of the purchase price of the equipment. The computer vendor warrants the Mobile computers from defects in materials and workmanship. This limited warranty covers normal use, mechanical breakdown or faulty construction and will provide replacement parts necessary to repair the Mobile computer or Mobile computer replacement. The vendor warranty does not warrant against damage caused by misuse, abuse, accidents or computer viruses.

ACCIDENTAL DAMAGE PROTECTION: The Dakota Valley School District has purchased coverage to protect the Mobile computers against accidental damage such as: liquid spills, accidental drops, power surges, and natural disasters. This coverage does not provide for damage caused by fire, theft, loss, misuse, intentional or frequent damage or cosmetic damage. The hardware vendor will assess the Mobile computer damage and repair or replace the machine at no cost if the damage is determined to be accidental, infrequent, and within the protection guidelines.

INSURANCE FOR THEFT, LOSS OR FIRE: Mobile computers that are stolen, lost or damaged by fire are not covered by the Machine Vendor Warranty or the Accidental Damage Protection outlined above. Following are the three options that are available for these types of losses, and the Student/Parent must commit to one by checking the appropriate box.

No Insurance

You agree to pay for the replacement of the Mobile computer at a cost not to exceed \$995.00 should the Mobile computer be stolen, lost or damaged by fire.

Personal Insurance

You will cover the Mobile computer under your own insurance policy and in the case of a theft, loss or damage by fire, you agree to pay the District the amount received from your insurance company plus any additional amount needed to cover the Mobile computer replacement not to exceed \$995.00.

School District Protection

You choose to pay the school district an annual protection payment for coverage of theft, loss or damage by fire in the amount of \$25.00 or \$50.00 for family coverage when there are two or more children in high school using Mobile computers. The \$25.00 payment is nonrefundable.

- This protection coverage has a \$200.00 additional charge per occurrence, if loss is reported within 48 hours.
- This annual coverage begins upon receipt of the payment and ends at the conclusion of each school year.
- You must have the insurance in place PRIOR to a claim / incident.

ADDITIONAL INFORMATION: In cases of theft, vandalism and other criminal acts, a police report, or in the case of fire, a fire report **MUST be filed by the end user or parent** for the protection coverage to take place. A copy of the police/fire report must be provided to the office.

The \$200.00 additional charge is the responsibility of the student/parent and must be paid before the Mobile computer can be repaired or replaced.

INTENTIONAL DAMAGE: Users/Parents are responsible for full payment of intentional damages to Mobile computers. Warranty, Accidental Damage Protection, or School District Mobile computer Protection **DOES NOT** cover intentional damage of the Mobile computers.

Authorization/Permission for Administration of OTC Medication

Dakota Valley Public Schools # 61-8

Student Name _____ Birth Date _____

Medications and health care procedures required during school which cannot be managed otherwise shall be administered **when the following are on file at the school:**

1. Parent signed, dated authorization/permission given to administer the medication/procedure.
2. Medication/equipment delivered to school **by the parent in the original packaging**
3. Annual renewal of authorization/permission and/or immediate notification, in writing from the parent, and changes.

Medication/procedure shall be administered by qualified staff and a record maintained.
Medication/equipment will be stored in a secure area.

Please administer the following to the above named student:

Please circle one or both *Tylenol* *Ibuprofen* *Other* _____

medication

As Needed or every _____ *hours*

Route

Dose

Time given at school

Discontinue date/re-eval date

Reason for medication/procedure

Anticipated reaction/possible side effects

Parent Authorization/Permission

I request the above pupil be given the medication/procedure while in school and school related activities. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication/procedure where the person administering the medication/procedure acts as an ordinarily reasonable, prudent person would under the same similar circumstances. I agree to pick up remaining medication or it will be properly destroyed.

Parent Signature

Date

Parent Address

Work Phone

Home Phone

Cell Phone