

2020-21 Dakota Valley Middle & Upper Elementary School Enrollment Form

Student Personal Information

Student Name: _____ **Grade:** _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Nickname: (optional) _____ **Home Phone** (Landline): (____) _____ (Cell) (____) _____

Birth Date: ___/___/_____ **Age:** _____ **Gender:** _____ **Birth Place:** _____

Race/Ethnicity (check all that apply):

- White/Caucasian Hispanic/Latino American Indian or Alaska native Black or African American
 Native Hawaiian or Pacific Islander Asian Two or More Races (MUST MARK ALL that apply)

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

MUST CHECK ONE: Permanent Temporary

Mailing Address (other than 911 address): **PO Box** _____ **City:** _____ **State:** _____ **Zip** _____

Please complete the following Requests for Office Use: Check ALL that Apply for your student

- **Permission** to use student household information for PTO Directory Publication YES ___ NO ___
- **Permission** for my child to be photographed/interviewed for local news publications YES ___ NO ___
- **Ride School Bus** To School ___ After School ___ No Bus Service Needed ___

PRIMARY HOUSEHOLD/CUSTODIAL FAMILY INFORMATION

Father's Name: _____ **Mother's Name:** _____

Employer: _____ **Employer:** _____

Cell: _____ **Work:** _____ **Cell:** _____ **Work:** _____

Email Address: _____ **Email Address:** _____

Home Address the same as Student Registering? Yes ___ No ___ (If NO, enter ALTERNATE Address on Line below)

LIST ALL Siblings and Other Individuals living in PRIMARY HOUSEHOLD with Relationship to

Student:

Name: _____ Relationship: _____ If sibling: DOB: _____
Name: _____ Relationship: _____ If sibling: DOB: _____
Name: _____ Relationship: _____ If sibling: DOB: _____
Name: _____ Relationship: _____ If sibling: DOB: _____

(if family situation is other than IN-DISTRICT PRIMARY custodial household, enter the Secondary parent information below)

SECONDARY HOUSEHOLD/Non-Custodial Parent Custodial Rights? Yes ___ No ___ (If NO, Legal Document Needed for DVMS Office)

Mother/Father Name: _____ **Spouse Name:** _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ **Cell:** (____) _____ **Work Phone:** (____) _____

Email Address: _____ **Do you wish to Receive School Mailings?** Yes ___ No ___

Please specify if to notify in case of emergency: Yes ___ No ___ Parent Only ___ Spouse ___ Both ___

Spouse Phone: Cell: (____) _____ **Work Phone:** (____) _____

EMERGENCY CONTACT INFORMATION (List OTHER Contacts other than Parents)

- 1) **Contact Name:** _____ **Relationship to Student:** _____
Home Phone: (____) _____ **Cell:** (____) _____ **Work:** (____) _____
- 2) **Contact Name:** _____ **Relationship to Student:** _____
Home Phone: (____) _____ **Cell:** (____) _____ **Work:** (____) _____

OFFICE USE ONLY: Entered in CAMPUS _____ ENROLLED _____ SCHEDULED _____ Student ID: _____

Homeroom: _____

Reading Teacher: _____ Academic Help Teacher: _____



**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"/> Reading <input type="checkbox"/> Writing | <input type="checkbox"/> Math |
| <input type="checkbox"/> Speech/Language/Articulation | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Behavior Supports <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain: _____ |

Other: _____

Does your child have a diagnosis that may impact his/her educational performance (i.e. ADHD, Autism, Health Impairment)? Yes No If yes, please explain: _____

Does your child currently have a 504 Plan? Yes No

Does your child receive counseling/therapy? Yes No

HOME LANGUAGE INFORMATION

Is your child's first learned language other than English? Yes No If yes, 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 and your family *most frequently* speak to your child? _____

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

Describe the language understood by your child (check only one):

- Understands only the home language and no English
- Understands mostly the home language and some English
- Understands the home language and English equally
- Understands only English

If available, what language would you prefer to receive communication from the school? _____

FOR OFFICE USE ONLY

Date paperwork received from parent: _____

Date records received from previous school: _____

Date Special Services Director/Secretary notified: _____

2020-21 DVMS& UE REQUEST FOR STUDENT RECORDS

Child's Name: _____ Grade: _____

Date of Enrollment: _____

Name & Address of Previous School:

Telephone or Fax #'s

The above student has enrolled at Dakota Valley Middle School. Please send complete information about this student by forwarding his/her **Complete** Cumulative Record File to the above address.

Please include the following information:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Complete Current Grades | <input checked="" type="checkbox"/> ULE/Talented & Gifted |
| <input checked="" type="checkbox"/> Immunization Records | <input checked="" type="checkbox"/> Speech/Language Report |
| <input checked="" type="checkbox"/> Copy of Certified Birth Certificate | <input checked="" type="checkbox"/> Psychological Report |
| <input checked="" type="checkbox"/> Achievement and Psychological Test Results | <input checked="" type="checkbox"/> Legal/Custodial Reports |
| <input checked="" type="checkbox"/> Special Education Records/Current IEP | <input checked="" type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Discipline Records | |

- Records are released and maintained in compliance with the Family Education Rights and Privacy Act of 1975 (PL93-3580) (Buckley Amendment, Title V, Sec. 513-515, pp. 88-91)
- NEW FEDERAL LAW 99.31 – NO PARENT SIGNATURE REQUIRED FOR EDUCATIONAL RECORDS SENT TO ANOTHER EDUCATIONAL AGENCY

Permission to Release School Records

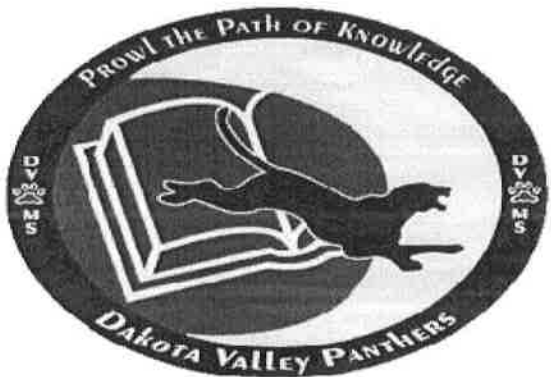
I hereby grant my permission to release transcripts and other school records on my child:

_____ Grade _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____



Please Mail or Fax Records to:
Dakota Valley Middle &
Upper Elementary Schools
Attn: Student Records
1150 Northshore Dr.
North Sioux City, SD 57049
Office (605) 422-3830
DVMS/UE Fax (605) 422-3838

Acceptable Network and Internet Use Policy

Dakota Valley School District

I. Introduction

The Children's Internet Protection Act (CIPA), 47 U.S.C. §254(h)(5) require public schools to implement certain measures and actions to ensure that students are restricted from accessing inappropriate materials online using school-owned computers. This District's Acceptable Network and Internet Use Policy (hereinafter "AUP") is intended to set forth the specific obligations and responsibilities of all users, including students and staff, who access the District's Network, and to ensure such use complies with the CIPA requirements.

"Network" is defined as any and all District owned computers, servers, hardware or software, the District's local area network, wireless access points, the Internet, Internet 2, the District intranet, email, chat rooms, other forms of direct electronic communications or other communications equipment provided by the District regardless of the physical location of the user. This AUP applies even when District provided equipment (laptops, tablets, etc.) is used on or off premises of District property or if personal property is connected to internal district network connections or computers.

II. Acceptable Use

The Network may be used only as a tool to support and advance the functions of the District as well as its curriculum and educational programs. Access to the District's Network is a privilege and not a right. Users of the Network are responsible for their behavior and communications over the Network and access to Network services will be provided only to those staff and students who agree to act in a considerate and responsible manner and in accordance with the District's Internet Safety Policy and this AUP.

Students may use the Network only in support of educational activities consistent with the educational objectives of the District. Faculty and staff may use the Network primarily in support of education and research consistent with the educational objectives of the District.

Faculty and staff may access the Network for limited personal use but not for any commercial or business use; however, such personal use may not violate any applicable rules and regulations or applicable administrative procedures or interfere with job performance. Use of the Network must be in compliance with applicable laws, including all copyright laws and all materials on the Network should be presumed to be copyrighted.

All members of the staff who wish to use the Network must sign this AUP whenever requested by the District, to confirm that the staff person has read and understands this policy and agrees to abide by it. Each student must sign this AUP upon enrollment in each building; grades PK-4, 5th-8th and 9th-12th to confirm the student has read and understands this policy and agrees to abide by it. Students who are under 18 must have their parents or guardians sign this AUP and submit it to the District.

III. Network Etiquette

Users are expected to abide by generally accepted rules of network etiquette (netiquette). These include but are not limited to:

- A. Be polite. Do not send or encourage others to send messages that are abusive or otherwise fall in the definition of Prohibited Use in Section IV.
- B. Use appropriate language. Remember you are a representative of your school on a non-private network. You may be alone on a computer but what you write can be viewed around the world. Do not swear, use vulgarities or any other inappropriate language.

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- C. All communications and information accessible via the Network should be considered school district property that you cannot appropriate for your own use without appropriate attribution and consent.

IV. Prohibited Use

The District reserves the absolute right to define prohibited use of the Network, adopt rules and regulations applicable to Network use, determine whether an activity constitutes a prohibited use of the Network, and determine the consequence of such inappropriate use. Prohibited use includes but is not limited to the following:

- A. *Violating any state or federal law or municipal ordinance, such as: Accessing or transmitting pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information or copyrighted materials;*
- B. *Criminal activities that can be punished under law;*
- C. *Altering system software or hardware settings that hamper the use of equipment.*
- D. *Users will not install software not previously approved by the Technology Department.*
- E. *Selling or purchasing illegal items or substances;*
- F. *The unauthorized collection of email addresses ("harvesting") of e-mail addresses from the Global Address List and other District directories;*
- G. *Obtaining and/or using anonymous email sites; spamming; spreading viruses;*
- H. *Circumvention of the District's Technology Protection Measure/filter to access blocked sites;*
- I. *Disclosure of minors' personal information without proper authorization;*
- J. *Students' disclosure of personal information such as the student's name, address, phone number, password or social security number, to other users when engaging in online activities including but not limited to chat rooms, email, social networking web sites*
- K. *Causing harm to others or damage to their property, such as:*
 - 1. Using profane, abusive, or impolite language; threatening, harassing, bullying or making damaging or false statements about others or accessing, transmitting, or downloading offensive, harassing, or disparaging materials;
 - 2. Deleting, copying, modifying, or forging other users' names, emails, files, or data; disguising one's identity, impersonating other users, or sending anonymous email;
 - 3. Damaging computer equipment, files, data or the network in any way, including intentionally accessing, transmitting or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance;
 - 4. Using any District computer to pursue "hacking," internal or external to the District, or attempting to access information protected by privacy laws; or
 - 5. Accessing, transmitting or downloading large files, including "chain letters" or any type of "pyramid schemes".

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L. Engaging in uses that jeopardize access or lead to unauthorized access into others' accounts or other computer networks, such as:

1. Using another's account password(s) or identifier(s);
2. Interfering with other users' ability to access their account(s); or
3. Disclosing your own or anyone's password to others or allowing them to use your or another's account(s).

M. Using the network or Internet for Commercial purposes:

1. Using the Internet for personal financial gain;
2. Using the Internet for personal advertising, promotion, or financial gain; or
3. Conducting for-profit business activities and/or engaging in non-government related fundraising or public relations activities such as solicitation for religious purposes, lobbying for personal political purposes.

V. Off-Premise Use of Network

Students under the age of 18 should only access District-assigned email accounts and/or other Network components including but not limited to school-assigned computers such as laptops, tablets or e-readers off of District premises if a parent or legal guardian supervises their usage at all times. The student's parent or guardian is responsible for monitoring the minor's off-premise use of the Network and ensuring such use complies with this AUP. Use of personal email accounts is not allowed during the school day.

VI. Disclaimer

Content filtering and logging have been established to monitor any and all computer activity on district provided computers and networks. No right to privacy shall be construed, nor do academic freedom issues necessarily apply.

The District makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from use of the Network or accounts. Any additional charges a user accrues due to the use of the District's network are to be borne by the user. The District also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the computer network or the Internet, is understood to be the author's individual point of view and not that of the District, its affiliates, or employees.

VII. Enforcement

Prohibited use of the Network may, for students, result in disciplinary action up to and including suspension or expulsion from school or, for employees, suspension or termination of employment. Where circumstances warrant, prohibited use of the Network may be referred to law enforcement authorities.

When a school administrator has a reasonable belief that a student has violated a school rule, policy or the law, and there are facts and inferences that would cause a reasonable person to suspect that a search of the student's personal technology device(s) will reveal evidence of a violation of said school rule, policy or the law, the administrator shall have the authority to search such device, provided that the scope of the search relates to the suspected violation giving rise to the reasonable suspicion.

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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

BUS RIDER INFORMATION FORM

Please complete the following information so that we can assure your child is picked-up and/or dropped-off at the correct address. Due to bus capacity and safety reasons, switching busses is no longer an option.

Student(s) First & Last Name	Grade	Teacher (if known)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

NORMAL SCHOOL DAY:

AM Pick-up Address: _____ If Sitter/Daycare, Name: _____

PM Pick-up Address: _____ If Sitter/Daycare, Name: _____

DISTRICT EARLY OUT DAY:

AM Pick-up Address: _____ If Sitter/Daycare, Name: _____

PM Pick-up Address: _____ If Sitter/Daycare, Name: _____

ELEMENTARY SCHOOL EARLY OUT DAY:

AM Pick-up Address: _____ If Sitter/Daycare, Name: _____

PM Pick-up Address: _____ If Sitter/Daycare, Name: _____

Parent/Guardian Signature

Date



Dakota Valley School District No. 61-8

Dakota Valley Middle & Upper Elementary School
1150 Northshore Drive
North Sioux City, SD 57049
Phone: (605) 422-3830 DVMS/UE FAX (605) 422-3838

Principal
Bill Lederman

Counselor
Phil Breed

Athletic Director
Bill Clements

Special Services Director
Linda Steele

Secretary
Debra Dailey
Megan Hartz

6th Grade Vaccination Requirements Messaging to inform parents

We want to inform you of an upcoming change to vaccination requirements for students entering the 6th grade beginning with the 2016-17 school year. All incoming 6th grade students will be required to be vaccinated with one dose of Tetanus, Diphtheria, and Pertussis vaccine, also known as Tdap and one dose of meningococcal vaccine, also known as MCV4. Both of these vaccines should be received on or after the 11th birthday. This requirement will be deferred for students that have not yet reached their 11th birthday. On the 11th birthday the requirement would apply. Please visit with your physician or your local community health nurse to see if your child needs these and other recommended vaccines.



Preparing Children for their Tomorrows



DAKOTA VALLEY SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

Parent Permission to Give "Occasional" Over-the-Counter Medication

Dakota Valley School

Student _____ Grade _____ Birth Date _____

Over-the-Counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medications kept on hand can be administered at school.

Please Initial Each Medication For Which You are Giving Permission

_____ I approve all medications listed below

_____ I do not want any OTC medications given to my student

Oral:

_____ Ibuprofen (i.e. Advil, Motrin)

_____ Acetaminophen (i.e. Tylenol)

_____ Antacid (i.e. Tums, Rolaids)

_____ Cough Drops (Contains Menthol)

Topical:

_____ Caladryl Lotion

_____ Oragel (Contains Benzocaine)

The Medications Indicated Above May Be Administered to My Student

Signature of Parent or Guardian

Date

The School is not able to supply medication for frequent or daily use, medication for frequent or daily use will need to be provided by the parent/guardian.

When sending OTC medications to school, they must be in the original manufacturer's container with the label intact or the medication will not be accepted. For safety reasons, parents are requested to bring the medication directly to the nurse.

Medication History:

Is your student allergic to any medications? _____ If yes, please list the medication(s) and type of reaction:

Does your student take any medication (either over-the-counter or prescription) on a regular basis? _____

If yes, please list:

Dakota Valley Emergency Medical Information

Student Name _____ Date of Birth _____

Parents Name _____

Address _____

Home phone _____ Work phone _____

Cell phone _____

In Case of Emergency Call

Name _____ Relationship _____

All phone numbers _____

Name _____ Relationship _____

All phone numbers _____

All Medical Conditions of Student: _____

All Allergies of student: _____

School employees will contact emergency services for above student if needed.

Parent Signature

Date
