

**2021-22 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: Required Form**



|                              |  |                   |  |
|------------------------------|--|-------------------|--|
| <b>STUDENT NAME:</b>         |  | <b>BIRTHDATE:</b> |  |
| <b>PARENT/GUARDIAN NAME:</b> |  | <b>GRADE:</b>     |  |
|                              |  |                   |  |

**HOME LANGUAGE INFORMATION**

Is your child's first language other than English?  Yes  No

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? \_\_\_\_\_

**ADDITIONAL SERVICES**

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:

- Special Education
- Check all that apply:  Reading  Writing  Math
- Speech/Language  Occupational Therapy  Physical Therapy
- Behavior Supports

If yes, please explain: \_\_\_\_\_

Does your child have 504 Plan?  Yes  No

Does your child receive counseling/therapy through school?  Yes  No

**FOR OFFICE USE ONLY**

Date paperwork received from parent: \_\_\_\_\_

Date records received from previous school: \_\_\_\_\_

Date Special Services Director/Secretary notified: \_\_\_\_\_

## 2021-22 DVMS& UE REQUEST FOR STUDENT RECORDS

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Name & Address of Previous School: \_\_\_\_\_ Telephone or Fax #'s \_\_\_\_\_

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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 <b>Certified</b> 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

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### **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

## Seventh Grade Class Registration

In seventh grade, you will be required to take the following classes:

Language Arts and Spelling  
Math  
Reading  
Science  
Social Studies

In **Math**, you have two classes to choose from. Please discuss your choice with your parents and teacher.

\_\_\_\_\_ Seventh Grade Math is general math for the student who is average in math.

\_\_\_\_\_ Pre-Algebra Seventh grade math is for the student who has an advanced understanding of fractions, mixed numbers, decimals and critical thinking. (a placement test may be required).

You can elect to take Band and/or Chorus. These classes are offered at the same time as study hall. If you take both Band and Chorus, you will not have a study hall.

\_\_\_\_\_ Band will meet on alternating days during the last period of the day.

\_\_\_\_\_ Chorus will meet on alternating days during the last period of the day.

**Art, Computer, Spanish, Peer Relations, and Physical Education are required parts of the exploratory schedule.**

Library usage may be incorporated into the regular reading curriculum.

Student Name (print) \_\_\_\_\_

Parent Name (print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## Eighth Grade Class Registration

In eighth grade, you will be required to take the following classes:

Language Arts and Spelling  
Math  
Reading  
Science  
Social Studies

In **Math**, you have two classes to choose from. Please discuss your choice with your parents and teacher

\_\_\_\_\_ 8<sup>th</sup> Grade Math is the general eighth grade math for the student who does average work in math.

\_\_\_\_\_ Algebra is for the exceptional math student who has an excellent understanding of fractions, decimals, percents and possesses exceptional critical thinking skills. ( a placement test may be required).

You can elect to take Band and/or Chorus. These classes are offered at the same time as study hall. If you take both Band and Chorus, you will not have a study hall.

\_\_\_\_\_ Band will meet on alternating days during the last period of the day  
\_\_\_\_\_ Chorus will meet on alternating days during the last period of the day

**Art, Computer, Spanish, Career Exploration and Physical Education are required parts of the exploratory schedule.**

Library usage may be incorporated into the regular reading curriculum.

Student Name (print) \_\_\_\_\_

Parent Name (print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_ Students Name \_\_\_\_\_

For Office Use  
Only:

Date Received:

Parent Signature \_\_\_\_\_

### 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.

# 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.

# Acceptable Network and Internet Use Policy

## Dakota Valley School District

- 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".*



## Acceptable Network and Internet Use Policy

### Dakota Valley School District

*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.

**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.

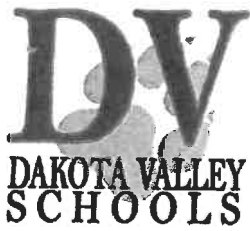
Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SIGN AND RETURN THIS PAGE TO THE SCHOOL**

Adopted: March 13, 1996

Revised: August, 13, 2012



# 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

Board of Education Members

James Heeren  
Steve Kistner  
Kevin Hoffinan  
Jeff Dooley  
Sara Weber

Superintendent of Schools

Dr. Jerry Rasmussen

Technology Director

Michael Oberg

HS Principal

Erik Sommervold

Middle School Principal

Bill Leberman

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.
- 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 ADP coverage (Accidental Damage Protection) for computers damaged without purposeful intent. Accidental Damage Protection includes scenarios such as spills or dropped computer in accordance with Hewlett Packard's Warranty and Riverside Technologies ADP coverage.
- In the event of fire or theft, 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 stolen computer within 48 hours.

Dakota Valley provides laptop bags for your student. If any coloring or defacing occurs, you will be charged a replacement cost of \$30. This is not a book bag, only the charger and the computer should be in the bag. Intentional damage or loss of an item is billed as follows: bag strap - \$7, charger - \$45, reimaging fee/removal of unauthorized software - \$25, bag -\$30.

**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. I have also watched the district 1:1 orientation video located on the Parents/Guardians tab on the school's website. [www.dvschools.com](http://www.dvschools.com)

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**

# 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.

| <u>Student(s) First &amp; Last Name</u> | <u>Grade</u> | <u>Teacher (if known)</u> |
|---|--------------|---------------------------|
| 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

## **New 6<sup>th</sup> Grade Vaccination Requirements**

### **Messaging to inform parents**

We want to inform you of an upcoming change to vaccination requirements for students entering the 6<sup>th</sup> grade beginning with the 2016-17 school year. All incoming 6<sup>th</sup> 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 11<sup>th</sup> birthday. This requirement will be deferred for students that have not yet reached their 11<sup>th</sup> birthday. On the 11<sup>th</sup> 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.

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

\_\_\_\_\_