



Dakota Valley Elementary School

Registration Packet Grades K-3

Welcome back to Dakota Valley Elementary!

🐾 We're excited to continue your child's "POWS"itive educational experience 🐾

PARENTS/GUARDIANS: Included is your student's registration paperwork for the upcoming school year.

CHECKLIST OF FORMS TO RETURN TO SCHOOL:

1. **Bus Rider Information** <—**return *immediately* - see form return instructions below**
2. Emergency Medical Information
3. Permission for Administration of OTC Medication
4. Extra Menu Item permission form
5. Permission Form (all inclusive) <—**students new to the district**
(Forms 2-5 may be returned at Pre-Payment Days, Open House night or sent to school with your student)

FORM RETURN INSTRUCTIONS:

SCAN & EMAIL:	DakotaValleyES@k12.sd.us
FAX:	(605)-422-3847
MAIL:	Dakota Valley Elementary, 1150 Northshore Dr., North Sioux City, SD 57049
DELIVER:	Bring to the elementary main entrance (<i>call for availability: 605-422-3840</i>)

IMPORTANT PARENT INFORMATION:

- Make sure student's name is on each form before returning.
- Keep this page for your reference.
- Please visit www.dvschools.com for information about Dakota Valley School District and the Elementary School.
- For a copy of the current [ES Student Handbook](#), choose the Elementary School drop down & click on 'General Information and Handbooks'.

Dakota Valley Elementary



Emergency Medical Information

STUDENT: _____ BIRTH DATE: _____ GRADE: _____
(please print)

Office use only: **HR** _____

FIRST CONTACT: Parent's Name _____

1st phone _____ 2nd phone _____ 3rd phone _____

SECOND CONTACT: Parent's Name _____

1st phone _____ 2nd phone _____ 3rd phone _____

If parents above cannot be reached, please call:

#1 - Name _____ Relationship _____

1st phone _____ 2nd phone _____ 3rd phone _____

#2 - Name _____ Relationship _____

1st phone _____ 2nd phone _____ 3rd phone _____

All Medical Conditions of Student:

All Allergies of Student:

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

Parent Signature

Date

**Parent Permission to Give "Occasional" Over-the-Counter Medication
Dakota Valley Elementary School**

STUDENT: _____ BIRTH DATE: _____ GRADE: _____
(please print)

Office use only: **HR** _____

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 YOUR CHOICE BELOW

- _____ I approve **all** medications listed below
- _____ I do not want **any** OTC medications given to my student
- _____ I approve **only** the medications checked below

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)

Medications may be given according to the choice indicated above

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.

Verbal authorizations for over the counter medication cannot be accepted at any time.

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? Yes _____ No _____
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? Yes _____ No _____
If yes, please list:

***** PLEASE COMPLETE BOTH FORMS *****



Extra Menu Item



Kitchen Copy

Students are given the opportunity to have an extra main menu item at lunch time, with advance notice to the kitchen each day. An example would be: a second slice of pizza, a second hot dog, extra chicken nuggets, etc. The cost for an extra menu item is less than the price for another full lunch and that cost is noted on the monthly lunch menu.

If your child receives free or reduced lunches, the extra menu items are NOT free; they will be charged the amount of the extra menu item received.

MY CHILD HAS PERMISSION TO RECEIVE EXTRA MENU ITEMS:
YES _____ NO _____

STUDENT NAME (please print) _____

GRADE _____

Office use only: HR _____

Parent/Guardian Signature _____

DATE _____

***** PLEASE COMPLETE BOTH FORMS *****



Extra Menu Item



Teacher Copy

Students are given the opportunity to have an extra main menu item at lunch time, with advance notice to the kitchen each day. An example would be: a second slice of pizza, a second hot dog, extra chicken nuggets, etc. The cost for an extra menu item is less than the price for another full lunch and that cost is noted on the monthly lunch menu.

If your child receives free or reduced lunches, the extra menu items are NOT free; they will be charged the amount of the extra menu item received.

MY CHILD HAS PERMISSION TO RECEIVE EXTRA MENU ITEMS:
YES _____ NO _____

STUDENT NAME (please print) _____

GRADE _____

Office use only: HR _____

Parent/Guardian Signature _____

DATE _____

***** PLEASE COMPLETE BOTH FORMS *****

Permission Form (all inclusive)

CLIMBING WALL

As a student at Dakota Valley Elementary School, your child has the opportunity to participate in a traverse climbing wall unit as part of our physical education program!

At its highest point, the wall measures 8 feet high and is approximately 40 feet long. Participants climb *horizontally* across the wall and their feet should never be higher than 3 to 3-1/2 feet off the ground. Appropriate climbing wall floor padding is utilized along the entire length of the wall.

Your child will be instructed on the safety rules and will climb under the careful supervision of an adult instructor at all times. Your child will only be able to use this wall during school hours, unless otherwise approved, and always under qualified supervision.

By signing below, I understand that this activity involves some risk of injury to participants. I give permission for my child to participate in the climbing wall unit at Dakota Valley Elementary School.

PARENT INITIALS: _____

FIELD TRIPS

An important part of your child's education is taking field trips to various places in and around the community.

The students are given opportunities for field trips at various times throughout the school year. Field trip distances will vary, depending on the location.

We would like to get your permission just one time for the entire year for these trips. However, each time a trip is planned, you will be notified in advance by the teacher. If, at that time you do not want your child to attend, you may notify your child's teacher that your child will not attend that field trip.

PARENT INITIALS: _____

INTERNET USAGE | Network Acceptable Use Policy (AUP) - 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.

By signing below, I agree to the following terms:

I will ensure that my child understands and abides 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 my child commit any violation, their access privileges will be revoked; school disciplinary action may be taken and/or appropriate legal action as required by local, state and federal statutes. 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 INITIALS: _____

SMALL GROUP ZOOM SESSIONS:

If your child would need to quarantine or isolate during the school year, they may be able to participate in small group, live, classroom activities when available. By signing below, I grant permission for my child to be included in a live learning session conducted by their classroom teacher, when necessary.

PARENT INITIALS: _____

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

STUDENT NAME (please print)

Parent/Guardian Signature

Date

This permission form will be kept on file for all Elementary school years. Changes/Updates may be made as necessary.