

Shelby School District #14 – Student: _____

(LAST NAME, FIRST NAME)

PLEASE CHECK THE BOX FOR INFORMATION THAT HAS CHANGED SINCE LAST YEAR

Parent/Guardian Name: _____	Parent/Guardian Name: _____
<input type="checkbox"/> Mailing Address: _____	<input type="checkbox"/> Mailing Address: _____
<input type="checkbox"/> Phone Number: _____	<input type="checkbox"/> Phone Number: _____
<input type="checkbox"/> Employer: _____	<input type="checkbox"/> Employer: _____
<input type="checkbox"/> Work Phone Number: _____	<input type="checkbox"/> Work Phone Number: _____
<input type="checkbox"/> Email Address: _____	<input type="checkbox"/> Email Address: _____
<input type="checkbox"/> Emergency Contact #1 (other than parent/guardian) Name: _____ Phone: _____ Relationship: _____	<input type="checkbox"/> Emergency Contact #2 (other than parent/guardian) Name: _____ Phone: _____ Relationship: _____

Yes, Shelby School District is authorized to dispense Ibuprofen / Tylenol (circle one) to the above student.

List any allergies or chronic illness: _____

PARTICIPATION IN ATHLETICS/ACTIVITIES/FIELD TRIP – INJURY AWARENESS

I grant my child, permission to participate in athletics, activities and/or field trips throughout the current school year, except those listed by a licensed professional on the student's physical form.

In case of injury or emergency, I hereby authorize Shelby School District personnel to consent to any medical treatment deemed necessary by any physician or surgeon licensed to practice medicine. It is understood that I will be notified of the injury at the earliest possible opportunity; nevertheless, this authorization will allow treatment until I arrive. I further understand that the expenses incurred from any such treatment will be my responsibility.

I am aware that there are risks associated with participating in any school sport, field trip or activity. I am aware that injuries may result as a consequence of my child's participation. Nevertheless, I want my child to participate in school athletics, activities and/or field trips. I understand that the school district is not responsible for payment of any kind of injuries received while participating in athletics, activities and/or field trips unless found negligent.

Parent Signature: _____ Date: _____

F.E.R.P.A. (Family Educational Rights and Privacy Act) and Consent to Release Student Records

FERPA exists to protect the privacy of student education records and establish guidelines for the release of those records. Any staff member that has a "legitimate educational interest" will have access to your child's records. Directory Information will be released upon request to the general public, news media, school publications and other sources, unless release of that information is denied on this form.

List of information that we have on file that is considered "Directory Information."

- | | | |
|---------------------------|---------------------------------------|------------------------------|
| ❖ Student's name | ❖ Activities & Athletic Participation | ❖ Dates of Attendance |
| ❖ Contact Information | ❖ Weight, Height (Athletics) | ❖ Grade Level |
| ❖ E-Mail address | ❖ Photographs | ❖ Enrollment Status |
| ❖ Date and place of birth | ❖ School most recently attended | ❖ Honors and Awards received |

Only Check this Box if Shelby School District is **NOT ALLOWED** to release my child's Directory Information.

The district is required to obtain signatures from all parents. Please sign and date below.

Parent Signature: _____ Date: _____

PARENT CONSENT FORM TO CONDUCT HEARING AND VISION SCREENING

Hearing and Vision screening is conducted annually at Shelby Schools. Vision screening will be conducted for students in second grade and fourth grade, students with IEPs and all new students will also be tested. Hearing screening will be completed as part of the Office of Public Instruction’s Hearing Conservation Program. All new students, kindergarteners, first grade, seventh grade and ninth grade students will automatically be tested. Children with a history of hearing loss or mild ear dysfunctions are also automatically screened. The following types of screenings may be performed: *Pure Tone, Otoacoustic Emissions (OAEs), and Impedance Screening*. If a child is not a new student on the Annual Recheck list or in one of the test grades but they have been referred for hearing screening, written consent is needed. If a screening is failed, results and recommendations will be mailed home. Your signature gives consent for your child to have their vision and hearing screened during the current school year.

Parent Signature: _____ Date: _____

USE OF VIDEO SURVEILLANCE ON SCHOOL GROUNDS & ON SCHOOL BUSES

I acknowledge that video cameras may be used on school grounds and buses in order to monitor conduct and maintain a safe environment for students and employees. I also acknowledge that the content of the digital recordings are student records and can be used as evidence for taking disciplinary actions.

Parent Signature: _____ Date: _____

STUDENT HANDBOOK

As an informed parent, your signature below indicates that you will read the rules and regulations in the Shelby Public School District JH/HS or Elem Student Handbook within my child’s first week of school. If you disagree with, or are unwilling to follow any rule or regulation in the Student Handbook, you will inform the Shelby Public School District of your dissent in writing by the end of your child’s first week of school.

Parent Signature: _____ Date: _____

RACE & ETHNICITY REPORTING

Part 1 Is the student Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (*A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.*)

Part 2 What is the student’s race? (Choose one or more races below)

- American Indian or Alaska Native** (*A person having origins in any of the original peoples of North and South America, including Central America.*)
- Asian** (*A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam and Laos.*)
- Black or African American** (*A person having origins in any of the black racial groups of Africa.*)
- Native Hawaiian or Other Pacific Islander** (*A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*)
- White** (*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*)

If left blank, a District official will determine the race and ethnicity of your student.

MILITARY STATUS REPORTING

The student is a dependent of a member of

- the US Military (Army, Navy, Air Force, Marines or Coast Guard)
- the National Guard (Active Duty)
- the Reserve Force of the US Military (Active Duty)
- the US Military, transitioning out of Active Duty to National Guard or Reserve
- None of the above

If left blank, a District official will determine the dependant’s Military connected status.