

2018-19 SWALLOW SCHOOL FAMILY REGISTRATION FORM

Section I: Household Members

Please list each student attending Swallow, their dates of birth and their 2018-19 grade level. Please use their legal names.

Student #1 Name: _____ Date of Birth: _____ Grade: _____

Student #2 Name: _____ Date of Birth: _____ Grade: _____

Student #3 Name: _____ Date of Birth: _____ Grade: _____

Section II: Review Online Information

- A. Parent and Emergency Contact Information:** Swallow School District utilizes the Infinite Campus Parent Portal for all parent and emergency contact information. It is the parent's responsibility to login to the Infinite Campus Parent Portal (link found on the Parent's section of the www.swallowschool.org website) and update any incorrect information throughout the year. Should a parent want to add an emergency contact, please update the "Non-Household Relationships" for each student individually.
- B. Student Homeroom Teacher or Schedule:** 4K through 6th grade homeroom teachers are posted on the Parent and Student Portals under each student's schedule. Middle School schedules can also be found in the Parent and Student Portals within the "Schedule" tab. You will also find teacher contact information on this page.

I have reviewed this information and made necessary changes in the Parent Portal. Date _____

Parent Name _____ Parent Signature _____

Section III: Release of Test Information to Arrowhead Union High School District (8th Grade Students Only)

Parent signature below authorizes Swallow School District to release standardized assessment and other achievement data on my child to the Arrowhead Union High School District for planning purposes as it becomes available during the 8th grade year and for Arrowhead to share performance data back with Swallow in the future.

Parent Signature _____ Date _____

Section IV: Emergency School Closing

Local radio and TV stations will be notified if school closes early. In addition, a message will be posted on the school website and a message will be sent out using the school's emergency messaging notification system. Please review an early dismissal plan with your child(ren) so she/he knows where to go. However, we understand younger students may not remember what to do. Please complete for all children grades **4K-8**. In the event school is closed early, my child will: (please check one)

ride regular bus home walk home picked up by _____ other _____

Parent Signature _____ Date _____

Section V: Sharing of Medical Information

Our bus service provider, Dousman Transportation Company, has requested medical information regarding severe allergies only. They recognize the confidentiality of each student and will keep the information in a secure manner. Please sign below if you authorize the sharing of severe allergy information only by the school district with the bus company.

Parent Signature _____ Date _____

Section VI: Family Directory Information

The Swallow Education Foundation produces a family directory each year that includes the names of students and parents, addresses, phone numbers, email addresses and class lists for each teacher. The school also shares the directory in an electronic format with families. **This directory will be created based on information in Infinite Campus on September 14, 2018.** If you **WANT** to be included in the directory, please check and sign below.

I give permission for my family to be listed in the 2018-19 Swallow School Family Directory.

Parent Signature _____ Date _____

Section VII: Publication Authorization

Swallow School reserves the right to publish student(s) name, photograph, video/voice recording or creation. If you **WANT** your child to be included in publications (yearbook, concert programs, school website, Facebook, etc.), please check and sign below.

- I give permission to Swallow School to **internally** (i.e. yearbook, internal class newsletters, internal emails, concert programs, classroom parties, class lists, etc.) publish my child’s name, photograph, video/voice recording or creation.
- I give permission to Swallow School to **externally** (i.e. Thursday Folder newsletter, school website, Swallow Facebook page, newspaper, district mailings) publish my child’s name, photograph, video/voice recording or creation.

Parent Signature _____ Date _____

Section VIII: Technology Acceptable Use

ALL STUDENTS GRADES 4K-8th MUST READ THE FULL POLICY (Policy 363.2, found on the Swallow School Website in the Board of Education Section, Board Policies) AND SIGN THE BELOW FORM BEFORE THEY ARE ALLOWED TO USE TECHNOLOGY AT SWALLOW SCHOOL. Any electronic device used on the school network, even if privately owned, is subject to all policies and consequences of the Acceptable Use Policy. **As a condition of using technology in the Swallow School District, I agree to the following:**

1. I will abide by such rules and expectations as outlined by the Swallow School District’s Technology Acceptable Use Policy.
2. I have read and agree to comply with the Acceptable Use Policy. I also understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and disciplinary action taken.
3. I understand that the purpose of the H drive is for my primary usage and saving of work and that the S drive is a shared student drive and only work that I am finished with and/or have saved to my H drive first should be saved there.

Student Name	Student Signature	Date

Parent or Guardian: As the parent or guardian of the above student(s), I have read the Acceptable Use Guidelines and Policy 363.2. I understand that this access is designated for educational purposes. I recognize it is impossible for the Swallow School District to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child’s use is not in a school setting. I hereby give permission to issue access and/or an account for my child.

Parent Name _____ Parent Signature _____ Date _____

Note: Students bring electronic communication devices to school at their own risk. The District will not be held responsible if a personal electronic device is lost, stolen, or misplaced, including those that have been confiscated.

Section IX: Parent in Military

Is either parent or guardian on active duty in the military? Yes No

Is either parent or guardian a traditional member of the Guard or Reserve? Yes No

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? Yes No