

Black Butte School District Student Enrollment Form

School Year: _____

Legal Student Name: _____
Last Name
First Name
Middle
aka

Male/Female _____ Grade: _____ Birth Date: ___/___/___ Birthplace: _____
City
State
Country

DISMISSAL INFORMATION – Unless the school is informed otherwise, my child will do the following after school:

Ride the bus home _____ Project SHARE Program _____ Picked up by parent _____

Previous school:
 Last school your child attended: _____ Grade _____
 Address: _____ City _____ State _____ Zip Code _____

Lives With: Father ___ Mother ___ Stepfather ___ Stepmother ___ Other _____

<i>Legal Parent/Guardian Name</i>	<i>Relationship</i>	<i>Home Phone</i>
<i>Work Phone</i>	<i>Cell Phone</i>	<i>Email Address</i>

Mailing Address: _____
Street/PO Box
City
State
Zip Code

Ethnicity: (Please answer both questions 1 and 2) →

<p>1. Are you Hispanic or Latino (Choose only one)</p> <p>___ No, not Hispanic or Latino</p> <p>___ Yes, Hispanic or Latino</p>	<p>2. What is your race? (Choose one or more)</p> <p>___ American Indian or Alaskan Native</p> <p>___ Asian (California law requires continues collection of Asian sub categories (see section below)</p> <p>___ Black or African American</p> <p>___ Native Hawaiian or Other Pacific Islander (California law requires continued collection of Pacific Islander sub categories (see section below)</p> <p>___ White</p>
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Ethnicity: If you marked **Asian** or **Pacific Islander**, please complete this section:
Circle One Chinese Samoan Korean Japanese Tahitian Laotian Vietnamese Asian Indian Cambodian Hmong Guamanian Hawaiian

Has your child ever been retained? Yes / No If yes, what grade? _____

Has your child ever been expelled? Yes / No If yes, what year? _____ What School? _____

Is your child currently receiving any special service? Indicate which ones below. (Please provide a current IEP or 504 Plan)

Special Services: ___ RSP ___ SDC ___ Speech ___ GATE ___ Migrant Ed. ___ Indian Ed. ___ 504 Plan ___ Behavior Plan
 ___ Bilingual/EL ___ Community Day ___ Alt. Education

Legal Parent Education: (*Highest level of education of either Legal parent/guardian*)

___ Not High School Graduate ___ High School Graduate ___ Some College ___ College Graduate, Graduate School/Post Graduate
 ___ Decline to State/Unknown

BLACK BUTTE UNION ELEMENTARY SCHOOL DISTRICT

STUDENT HEALTH HISTORY

School Year: _____

NAME: _____ PHONE: _____
Last First Home Work or cellular

HEALTH INFORMATION ABOUT YOUR CHILD

CHECK THOSE THAT APPLY

No Known Health Problems

Allergic reaction To what? _____ Hives/rash? Yes No
(severe reactions) Breathing difficulty? Yes No Has Epi-Pen? Yes No

Asthma Requires medication/inhaler? Yes No Daily As needed With exercise
Name of medication _____
Other medications taken at home for asthma _____

Diabetes Type 1 Insulin injections? Type 2 Oral medication?
Name of medication _____

Heart Problems Diagnosis _____ Dr. Name _____
Medications? Yes No Any restrictions? _____

Medications ADHD Bipolar PTSD Depression Other (explain)
Name of medication _____
Is medication taken at school? Yes No

Seizure disorder What type of seizures _____ Date of last seizure _____
Medication name _____ Medication at school? Yes No

Any other important health or behavior problems? List here _____

California Education Code §49423: Students taking medication at school need a "School Medication Authorization" form completed every 12 months or whenever the prescription changes. This form is available at your child's school and MUST be on file with the school before taking any medication at school.

Parent/Guardian Signature _____ Date: _____

BLACK BUTTE ELEMENTARY SCHOOL DISTRICT
ATTENDANCE INFORMATION/POLICY

Board Policy 5113 states that any absence or tardy from school will be excused for only the following reasons:

1. Personal illness (Education Code 48205)
2. Quarantine under the direction of a county or city health officer. (Education Code 48205)
3. Medical, dental, optometric, or chiropractic appointments, will need a re-admit slip, from office, upon return. (Education Code 48205)
4. Attendance at funeral services for a member of the immediate family. (Education Code 48205)
 - a. Excused absence in this instance shall be limited to one day if the service is conducted in California or three days if the service is conducted out of state. (Education Code 48205)
 - b. "Immediate family" shall be defined as mother, father, grandmother, grandfather, spouse, son/son-in-law, daughter/daughter-in-law, brother, sister or any relative living in the student's immediate household. (Education Code 45194, 48205)
5. Upon advance request by the parent/guardian and the approval of the principal or designee, justifiable personal reasons including but not limited to: (Education Code 48205)
 - a. Appearance in court
 - b. Attendance at a funeral service (non-family)
 - c. Observation of a holiday or ceremony of his/her religion
 - d. Attendance at religious retreats not to exceed four hours per semester
6. Participation in religious instruction or exercises in accordance with district policy: (Education Code 46014)
 - a. In such instances, the student shall attend at least the minimum school day
 - b. The student shall be excused for this purpose on no more than four days per school month

When a student has been absent from school, a note or phone call from the parent/guardian is required to verify the reason for the absence, within three days of absence.

All other types of **absences and tardies** are considered to be unexcused. Three or more unexcused absences or tardy/late, may mean that your child would be truant. You child will receive a warning letter regarding truancy if it occurs. Truancy on three or more occasions would classify a student as a habitual truant which may result in a referral to the County Schools Attendance Review Board (SARB). (*Board Policy 5113.1; Education Code 48273, 48224-48320*)

Students who have accumulated ten absences **for any reason** will receive a warning letter regarding excessive absence. In the event that the absences continue to accumulate, it may result in a referral to the County Schools Attendance Review Board (SARB).

PLEASE COMPLETE THE FOLLOWING AND RETURN TO ATTENDANCE OFFICE

Student Name: _____

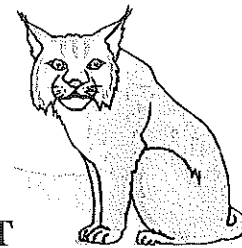
I HAVE READ AND DISCUSSED THE ATTENDANCE INFORMATION WITH MY STUDENT.

Parent/Guardian Signature

Date

Student Signature

Date



BLACK BUTTE ELEMENTARY SCHOOL DISTRICT

7752 Ponderosa Way
Shingletown, Ca 96088
Tel: 530-474-3441
Fax: 530-474-1361

BLACK BUTTE SCHOOL DISTRICT BUS SAFETY

1. Bus and bus stop safety general guidelines:
 - a. All school rules apply and are to be followed
 - b. No eating or drinking on the bus
 - c. Remain seated at all times, no changing of seats
 - d. Keep backpack and all personal property in your possession
 - e. Keep all parts of your body out of aisle and inside windows
 - f. Vandalism is grounds for permanent bus suspension, plus the cost of repairs

2. Consequences for student misbehavior:
 - a. Bus referral
 - 1st referral ~ warning, required to sit in the first 4 rows
 - 2nd referral ~ 1 day bus suspension
 - 3rd referral ~ 3 day bus suspension
 - 4th referral ~ minimum 3 day bus suspension, Administrative conference
 - 5th referral ~ bus suspension for the remainder of the semester or year, depending on severity of infraction.

3. Bus Changes

Changes to a student's bus schedule MUST be given to the office staff by 1:30 p.m.

Parent/Student acknowledgement:

I have received a copy of, read, and agree to comply with the bus rules.

Parent signature

Date

Student signature

Date

BLACK BUTTE ELEMENTARY SCHOOL DISTRICT

COMPUTER SYSTEM USAGE AGREEMENT

Agreement: In exchange for the use of the Black Butte School District computer network system either at school or away from the school, I understand and agree to the following:

1. That the use of computers is a privilege which may be revoked by the administrators of the system, or the Black Butte School District, at any time for abusive conduct. Such conduct would include, but is not limited to use of obscene, abusive, or otherwise objectionable language or images in either public or private files or messages. The staff of Black Butte School District will be sole arbiter of what constitutes obscene, abusive, or objectionable language or images.
2. Black Butte School District reserves the right to any material stored in files to which all users have access, and will edit or remove any material that the Black Butte School District staff, in sole discretion, believes may be unlawful, obscene, pornographic or otherwise objectionable. That users will not use the Black Butte School District system to obtain, view, download or otherwise gain access to such materials.
3. That all information services and features contained on the Black Butte School District system is intended for the private use of its patrons, and commercial or other unauthorized use of those materials, in any form, is expressly forbidden.
4. That all information contained is placed there for the general information and educational purpose, and in no way intended to refer to, or be applicable to, any specific person, case or situation.
5. Black Butte School District does not warrant that the functions of the system will meet any specific requirement you may have, or that it will be error free or uninterrupted; nor shall it be liable for any direct, incidental, or consequential damages (including lost data, information, or profits) sustained or incurred in connection with the use, operation, or inability to use the system.
6. To abide by such rules and regulations of the system, usage as may be declared from time to time by the administrators of Black Butte School District.
7. Black Butte School District system is intended for the exclusive use of its registered users, who are responsible for the use of the password and account, if assigned. Any problems which arise from the use of user's account, are the responsibility of the account holder. Any misuse will result in the suspension of the account privileges.
8. In consideration for the privilege of using the Black Butte School District system, and in consideration for having access to the information contained on it, I hereby release Black Butte School District, its operators, and any and all claims of any nature arising from use, or inability to use, the Black Butte School District system.

Signature of Student/User

Date

Signature of Parent/Guardian

Date

BLACK BUTTE ELEMENTARY SCHOOL DISTRICT

IMAGE RELEASE FORM

TEACHER:

I hereby release the district, its employees, board members and agents from any damages, injuries, liabilities, claims or the like, whether foreseeable or not, arising out of or relating to the use of or placement of my child's photograph on the Internet or any Internet site owned, established or operated by the district or any district teacher or for use in advertising for the district.

As parent/guardian of _____ . I have read the following
Child's Name

statements and agree to them.

- Black Butte Elementary School District may use photographs of my child on the Internet.
- Black Butte Elementary School District may use photographs of my child in advertising.
- Internet posting will be on teacher web sites, school district web sites and/or in district sanctioned advertising.
- Black Butte Elementary School District may label such photographs with my child's first name only. No last names will be used.

Parent/Guardian Signature

Date

BLACK BUTTE ELEMENTARY SCHOOL DISTRICT

7752 Ponderosa Way, Shingletown, Ca 96088, Tel: 530-474-3441, Fax: 530-474-1361

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION – MINOR

Throughout the school year, your child will have an opportunity to participate in VOLUNTARY off-campus field trips/excursions. These activities may include but are not limited to:

- government offices
- conferences and meetings
- exhibitions and fairs
- parks and zoos
- local businesses
- museums/cultural centers
- athletic events
- entertainment events
- etc.

I hereby authorize _____ (student) to participate in these voluntary activities throughout the school year unless this authorization is revoked by me in writing.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I waive all claims against the Black Butte Union Elementary School District, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the Black Butte Union Elementary School District, its officers, agents or employees.

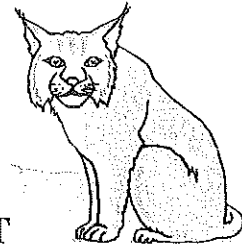
I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier _____
Policy No. _____
Address: _____



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7752 Ponderosa Way
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Black Butte Elementary Library Permission Slip

Dear Parent/Guardian,

At Black Butte Elementary School we are proud of our strong library program. In order to have quality library materials readily available, we ask for your support and help seeing that students observe the following:

1. Books need to be returned on time. Kindergarten students will be allowed to check out 1 book and will have that book for 1 week. All other students will be allowed to check out 2 books and have them for 2 weeks.
2. Students in kindergarten through 3rd grade will be limited to books in their grade level unless previously authorized by a parent/guardian.
3. Students are responsible for the care and condition of library materials in their possession. It may be necessary to charge parents/guardians for lost or damaged items.
4. Notices will be sent to students with outstanding books. We would greatly appreciate a response as soon as possible so that we can clear our records and students can regain their library privileges.

This slip must be signed and returned before students can begin checking out books.

Thank you for your support of the library program.

My Child _____ in _____
Has permission to check out library materials from the school library while attending Black Butte Elementary School District. I understand that we are responsible for paying for lost or damaged items.

Parent/Guardian's signature

Date