



CLARINDA COMMUNITY SCHOOL DISTRICT

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REQUEST OF RECORDS

DATE: _____

TO: School: _____
Fax _____
Phone: _____
School Address: _____
City, State, Zip _____

The following student has enrolled in our school in the _____ grade:

_____ Name _____ Date of Birth _____

Please email any and all records you may have on this student to salmelien@clarindacsd.org, including the following:

- ✓ OFFICIAL TRANSCRIPT AND WITHDRAWAL GRADES
- ✓ EDUCATIONAL AND/OR PSYCHOLOGICAL TESTING REPORTS
- ✓ IMMUNIZATION / HEALTH RECORDS
- ✓ SPECIAL EDUCATION REPORTS (IEP)
- ✓ ATTENDANCE HISTORY
- ✓ DISCIPLINE HISTORY
- ✓ COPY OF BIRTH CERTIFICATE
- ✓ COPY OF SOCIAL SECURITY CARD
- ✓ PHYSICAL FORM
- ✓ IHAPI INFORMATION
- ✓ IOWA STUDENT ID NUMBER

Parental permission is no longer required when records are requested by authorized school personnel. Please note federal register, Thursday, June 17, 1976, part II H.E.W. privacy rights of parents and students. Final rule on education records, vol.41 no. 118-24673.

Thank you for prompt attention.

SARA HONNOLD
CLARINDA HIGH SCHOOL COUNSELOR

Clarinda Community School District Enrollment / Emergency Form

Student Full Name _____ Grade _____ Date of Birth _____ Male/Female _____

Home Phone _____ Address _____ City, State, Zip _____

Family Information:

List Name and Relationship to child:	Address	Home Phone	Cell Phone	Employer	Work Phone	Email address	Has contact with student Yes/No
Parent/Guardian Living with Student:							
Spouse of Parent/Guardian Listed Above:							
AND							
Parent/Guardian Not Living with Student:							
Spouse of Parent/Guardian Listed Above:							

Please Mark if student: _____ is Open Enrolled Y/N _____ in Special Education Y/N _____ in Band Y/N If Y, list instrument _____

Student lives with: _____ Parent(s) _____ Caretaker _____ Legal Guardian **Student lives in:** _____ Parent home _____ Relatives/Friends home _____ Hotel _____ Other _____

Contact Information (please list LOCAL contacts): _____ **Last School Attended:** _____

Child Care _____ Child Care Phone _____

Emergency Contact #1 _____ Phone (1) _____ Phone (2) _____

Emergency Contact #2 _____ Phone (1) _____ Phone (2) _____

Emergency Contact #3 _____ Phone (1) _____ Phone (2) _____

JUNIOR-SENIOR OPEN CAMPUS RULES

20__-20__

OPEN CAMPUS GUIDELINES:

Juniors and seniors may apply for Open Campus privileges. Students do not have a right to Open Campus; it is an option provided those juniors and seniors who have demonstrated a high level of maturity and can handle the responsibilities of a less structured school environment. Students on Open Campus are required to be in attendance during the times that their classes are in session and for scheduled assembly programs. Seniors are not required to attend first or sixth period study halls. Juniors must have earned Open Campus privileges to be excused for any portion of the school day, including study hall first or sixth period. It is very important that students on Open Campus are in school for their classes. The Open Campus option is awarded to students who have earned a GPA of 2.60 for the previous grading period and received passing grades in all courses.

Students opting for Open Campus must adhere to the following responsibilities:

Exhibit responsible behavior, defined as:

- 1) Students must be on time for class.
 - A) Any student reported tardy three or more times in a HEX will forfeit his Open Campus for the remainder of that HEX.
 - B) Students late (10 or more minutes) on two occasions in a Hex will forfeit their Open Campus for the remainder of the HEX.
- 2) Students reported un-excused for any part of the school day will forfeit their Open Campus for the remainder of that HEX (in-school and out-of-school suspensions are considered un-excused absences).
- 3) Repeated violations of school rules/policies may result in the forfeit of Open Campus.
- 4) Students will forfeit their Open Campus if found with a truant or un-excused student.
- 5) Students found to have violated the Good Conduct Policy will forfeit their Open Campus for the term of the Good Conduct ineligibility.

Abide by the following guidelines:

- 1) Students reporting to campus must be in either a supervised classroom or study area. Loitering in the hallways, school parking lot, student vehicles, general school grounds, or being in an unsupervised area will not be tolerated and is cause to terminate "Open Campus".
- 2) Open campus students must have a pass from a teacher to access the Computer Lab.
- 3) Students are responsible for reading the daily announcements and being alert to altered time schedules. Announcements will be posted outside the office.
- 4) Students are to be sure to clean and reorganize the area within the Commons they occupy during Open Campus.
- 5) All school work must be current.
- 6) Students must be in attendance for all classes to be eligible for co/extracurricular activities.
- 7) Open Campus students may not provide carryout food for themselves or other students during lunch.
- 8) Parents must have signed a completed Open Campus application and the application must be on file in the office for a student to be eligible for Open Campus.

(Note: A parent or the principal may remove Open Campus privileges from a student at any time.)

STUDENT AGREEMENT

My signature below indicates that I have read the information on this sheet. I agree to comply with the rules and procedures established for Open Campus. I understand that failure to comply will result in the loss of Open Campus privileges.

Signature of Student: _____ Date: _____

PARENT PERMISSION

My signature below indicates that I have read the information above and give my permission for my son/ daughter to be on Open Campus. I understand that my son/ daughter is responsible for their own transportation while on Open Campus.

Signature of Parent: _____ Date: _____

ETHNICITY/RACE

Student Name: _____

Is this student Hispanic/Latino? (*Choose only one*)

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

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

What is the student's race? (*Choose one or more*)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- 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, and Vietnam.)
- 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.)

Signature



IOWA MEP PARENT FORM

School District: _____ Date completed: _____

The answers to this form will help determine if your child (ren) is eligible to receive supplemental services

Name of Parent(s) or Legal Guardian(s): _____

Current Street Address: _____ Apt #: _____

City: State: _____ Zip Code: _____ Phone Number: _____

Best Time to be Contacted: _____

1. Have both parents lived in this town continuously for the past 3 years or more?

YES ____ NO ____

2. If YES you may stop filling out the form, if NO please continue to question 3.

3. Please select any of the following jobs that the family have done in the last 3 years?

___ Tyson, JBS, Monsanto, Smithfield, Seaboard, Pineridge farm, Loffredo

___ Feeding, Taking care of Cows, Goats (Dairy Farm), Milking

___ Planting/ Detasseling- Corn, Soybeans (Monsanto, Syngenta, Stine)

___ Pork, Chicken, Egg, Turkey Farms (Daybreak, Rembrand)

___ Preparing farm fields

___ Other agricultural work activity/Company _____

4. Name of student(s) Name of School Grade

_____	/	_____	/
_____	/	_____	/
_____	/	_____	/
_____	/	_____	/

Disclaimer at bottom of the form-

Please return this form to the school. Note for the school/district: When both "No" to #1 and one or more of the boxes from #3 is/are checked, please give this form to the migrant liaison to scan and email to alex.johnson@iowa.gov. Please file original in student's records. For additional questions regarding this form, please contact Geri McMahon at 515-2813944 (geri.mcmahon@iowa.gov)

Clarinda School District
Home Language Survey

Date _____ School _____ Grade _____

Student Name: _____
(last) (first) (middle)

*Place of Birth: _____

Father/Guardian Name: _____

*Employment: _____

Mother/Guardian Name: _____

*Employment: _____

Address: _____

Phone Number : _____ (home) _____ (work)

1. Was English the first language your son/daughter learned to speak? _____ Yes _____ No
2. What language do you speak to your son/daughter? (father) _____
(mother) _____
3. What language does your son/daughter speak to you? _____
4. What language does your son/daughter speak to other relatives? _____
5. What language does your son/daughter speak to friends? _____
6. In what language would you prefer to receive communication from the school? _____

I understand my son/daughter, _____, will receive English language proficient testing. I will be notified if my son/daughter qualifies for English Language Learner (ELL) program services. I understand that at the time I have the right to refuse ELL services for my child. However, I can request services at a later date.

(Parent/Guardian Signature)

(Date)

OFFICE USE ONLY: Refer for: Initial ELL Identification: _____ Initial Migrant Identification: _____
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MILITARY CONNECTED STATUS

Revised 10/24/13

STUDENT NAME:

CHECK
ONE

- Neither Parent or Guardian is serving in any military service
- A Parent or Guardian is serving in the National Guard but is not deployed
- A Parent or Guardian is serving in the Reserves but is not deployed
- A Parent or Guardian is serving in the National Guard and is currently deployed
- A Parent or Guardian is serving in the Reserves and is currently deployed
- A Parent or Guardian is serving in the military on active duty but is not deployed
- A Parent or Guardian is serving in the military on active duty and is currently deployed
- The student's Parent or Guardian died while on active duty within the last year

COMMENTS: _____

605.6E1 Internet Access Permission Letter

Dear Student, District Personnel or Volunteer/Other:

As part of the School District's continuing effort to provide all students, employees and volunteers with high quality, up-to-date educational resources, we have internet access on the computers in all Clarinda Community Schools.

Please know the entire administration and staff of the school district is committed to ensuring the use of computers and internet access for only educationally sound and productive learning activities. During school activities teachers and other staff will guide students toward appropriate materials.

The School Board has adopted a Responsible Use Policy to comply fully with the federal Children's Internet Protection Act. Each school will review the information in the District Computer, Network and Internet Policy in age-appropriate language before allowing him/her to use the Internet on a school computer. We also request that you review the policy with your child to reinforce the importance of internet safety for all children. One rule that we consistently emphasize is that students, employees and volunteers should never give out personal information (home address, phone numbers, etc.) about themselves or others when using the internet.

I understand, accept and agree to abide by the following terms and conditions:

- I have received and familiarized myself with the District Computer, Network and Internet Policy approved by the Clarinda Community School Board.
- I will abide by the Terms and Conditions of the District Computer, Network and Internet Policy in my use of computing devices at school.
- I understand and accept that the purpose of the Clarinda Community Schools network is educational, and other uses are inappropriate.
- I understand and accept that the use of the School Community Schools network is a privilege and not a right.
- I understand that there is no guarantee of privacy using District technology.
- I understand that violation of the District Computer, Network and Internet Policy may result in disciplinary action ranging from a verbal or written warning to criminal prosecution.
- I understand that if it is determined that a device is lost or damaged as a result of my negligence, that I am responsible for the cost to replace or repair the device.

I have read Policy 605.6 Internet Acceptable Use and Policy 605.6E1 Internet Access Permission Letter and agree to abide by these provisions. I understand that violation of these provisions may constitute suspension or revocation of internet privileges and discipline. School personnel who violate these provisions may be subject to disciplinary action including immediate discharge or termination of employment.

This agreement will be in effect for as long as the student, employee or volunteer/other attends, is employed, volunteers, or participates at Clarinda Community School District and may be revoked at any time by the parent/guardian or administration. Procedures are subject to change at any time at the discretion of the superintendent.

Reference Policy 605.6

Date:
Student
Print Student Name:
Student Signature:
Parent
Print Parent/Guardian Name:
Signature Parent/Guardian:



Clarinda Regional Health Center Sports Medicine Providers ("CRHC Sports Med Providers") are contracted to provide sports medicine coverage to Clarinda High School, which services include the prevention, emergency care, first aid, treatment, and rehabilitation of **Athletic Related Injuries** using certain physical modalities (i.e. methods of treatment). The Athletic Trainer and/or sports medicine clinical staff will perform only those procedures that are within their training, credential limitations and scope of professional practice to prevent, care for and rehabilitate athletic injuries. "Athletic Related Injuries" is defined as the types of musculoskeletal injury or common illness and conditions, incurred by student-athletes, which prevent or limit participation in sports or recreation and which CRHC Sports Med Providers are educated to treat or refer.

I, the undersigned, certify that I am the parent or legal guardian of the child or children listed below and that I am authorized to provide informed consent for any Athletic Training Services provided to the applicable child below by CRHC Sports Med Providers. I hereby consent to the following (please initial where giving consent):

_____ I hereby give consent for a Certified Athletic Trainer and/or other CRHC sports medicine clinical staff to provide sports medicine services for the below minor/s.

_____ CRHC Medical Providers may contact or otherwise communicate with other health care providers (including, without limitation, other CRHC Medical Providers) as needed for purposes of providing Athletic Training Services.

_____ I hereby give consent that data relating to athletics can be used to track progression in recovery and aid in progressing the safety of student-athletes.

The above consents are intended to cover any Athletic Related Injury sustained in connection with any Clarinda High School competition or practice, whether on or off Clarinda High School property. I understand the nature of the athletic training services which I have consented to above, and I acknowledge that no guarantees have been made to me or my child as to the results thereof.

I hereby specifically release and agree to indemnify and hold harmless Clarinda High School, its board members, employees, contractors, and agents (including, without limitation, CRHC Sports Med Providers) from any and all claims associated with taking or referring from taking any action in accordance with the above instructions, including, without limitation: giving, obtaining, or refraining from giving or obtaining, Athletic Training services.

I acknowledge that I am financially responsible for the payment of any medication, medical or surgical care, treatment or procedures provided to my child. I understand that there is no charge to me for the above listed athletic training services. If the athlete is in need of further treatment by a physician, or of rehabilitation services for the injury, he or she may see the physician or provider of his/her choice.

Injured athletes that have been evaluated and/or treated by a physician must submit written clearance from that physician to the Athletic Trainer prior to the athlete being permitted to resume activity. In circumstances where an athlete has been removed from play because of a suspected head injury or concussion, the athlete will not be permitted to return to play until the athlete is evaluated by a healthcare provider, receives medical clearance and written authorization from that provider. This Authorization shall remain in effect for one sports season beginning with the date set forth below or I provide written notice to Clarinda High School and CRHC Medical Providers that I am revoking the instructions provided in this document.

Parent/ Guardian Printed Name

Child Printed Name and Signature

Parent/ Guardian Signature and Date

Child Printed Name and Signature



Student's Name: _____ Date of Birth: _____

Student's Address: _____ City: _____

Parent (Guardian) Name: _____

Home Phone: _____

Father: Work Phone _____ Cell: _____

Mother: Work Phone _____ Cell: _____

In case of emergency and the absence of parent/guardian, please list two people you recommend we call:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List any known allergies: _____

List any medications student is taking and why: _____

List any physical disabilities: _____

Additional Comments: _____

Name of Medical Insurance Company or Plan: _____

Policy Number(s): _____ Group Number(s): _____

Health Maintenance Organization (HMO)? Yes No

If yes, what is your primary care facility: _____

Primary Physician: _____ Phone: _____

**** If not signed, consent to treatment is WAIVED unless deemed a medical emergency****



Medication Permission Form:

For Medication the School has on Hand for Occasional Use

Student name: _____ Birth Date: _____ Grade: _____

List any allergies to medicine here: _____

Clarinda Community School District has a limited supply of medications to be used occasionally as needed. All medications should be taken before or after school hours when possible. However, it is understood that under certain circumstances over-the-counter (OTC) medications may occasionally be necessary during the school day to keep the student from missing important education time.

If the student requires a medication on a regular basis, parent/guardian must provide the medication and sign the *Record of Medication Administration Form*. This form can be obtained from the school nurse.

State law requires written parent/guardian permission for school health staff to administer medication. Review the medications below and mark the medications you give permission to be administered at school.

General Guidelines

1. For PK-6th grade, parent/guardian will be notified before Tylenol or Ibuprofen is given.
2. For PK-12th grade, parent/guardian will be called before Benadryl is given, unless needed for emergency allergy.
3. All medication will be administered only per label directions according to the age and weight of the student; what the medication is indicated for, and only by trained staff.

Mark the medications you give permission for:

- _____ Acetaminophen (Tylenol) (minor aches and pains/headaches)
- _____ Ibuprofen (minor aches and pains/ headaches)
- _____ Benadryl or Allergy Relief (diphenhydramine, antihistamine)
- _____ Chewable antacid (Tums, Rolaids) (minor upset stomach)
- _____ Orajel (tooth/gum pain)
- _____ Hydrocortisone Cream 1% (minor itching, bug bites, rash)
- _____ Cough drops
- _____ Midol (menstrual symptoms)

Special Instructions _____

Parent/Guardian Signature

Printed Name

Date