

PLEVNA SCHOOL DISTRICT #55

Student Name

Grade
Date

Student Directory Information Notification

Please sign and return this form in order for directory information about your child to be disclosed to third parties in accordance with the Family Educational Rights and Privacy Act (FERPA). If we receive no response, we will disclose all student directory information at our discretion and/or in compliance with law.

Following is a list of items this District considers student directory information.

- Student's name
- Address
- Telephone listing
- Electronic mail address
- Photograph (including electronic version)
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- Enrollment status (e.g., undergraduate or graduate; full-time or part-time)
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees
- Honors and awards received
- Most recent educational agency or institution attended

If you do NOT want directory information provided to the following, please circle those you want excluded.

- Institutions of Higher Education
- Potential Employers
- Armed Forces Recruiters
- Other

NOTE: If a student's name, grade level, or photograph is to be withheld, the student will not be included in the class picture, school's yearbook, program events, or other such publications.

Parent Signature

Date

ACCEPTABLE USE AGREEMENT

I have read the Acceptable Use document and understand the conditions for accessing the Network, E-mail, and Internet for Plevna Schools. I further understand that violation of the regulations may mean the revocation of my computer privileges.

Student Signature

As the parent or guardian of this student, I understand that access to Plevna School's Network, E-mail, and Internet is designed for educational purposes and access may be suspended for misuse of the Network, E-mail, or Internet. I further understand that it is impossible for Plevna Schools to restrict access on the Internet to all controversial materials. My signing this agreement indicates I agree to the terms and conditions of this agreement and that I will not hold Plevna Schools, nor its staff, administration, or Board of Trustees responsible for materials my child may acquire on the Internet.

Parent/Guardian Signature

STUDENT NAME _____

SEVERE WEATHER INFO

During severe winter weather it may be necessary to keep the bus students in town overnight. Please complete the information below:

We have made arrangements with _____ to host our child in an emergency.

Telephone of host family: _____

Parent/Guardian Signature

ADDITIONAL INSURANCE COVERAGE

I have received the information for additional insurance coverage through Special Markets Insurance Consultants, Inc. (SMIC)

_____ I decline this coverage

_____ I accept this coverage and have enclosed payment in the appropriate envelope.

Parent/Guardian Signature

STUDENT SCREENING

_____ Yes, I will allow my child to participate in hearing/vision/scoliosis screening at school.

_____ No, I will not allow my child to participate in hearing/vision/scoliosis screening at school.

Parent/Guardian Signature

(for K-8 students only)

PERMISSION TO GO HOME FOR LUNCH

K-8 students are permitted to leave the school premises to go home only for lunch. Students must check out in the office prior to leaving the school grounds.

_____ I give my child permission to go home for lunch.

_____ I do not give my child permission to go home for lunch.

Parent/Guardian Signature

STUDENT NAME

(For 7-12 students only)

DRIVING OF VEHICLES DURING SCHOOL HOURS
FOR THE SCHOOL YEAR

_____ I give my permission for the above named student to drive a privately owned vehicle during school hours.

_____ I do not give my permission for the above named student to drive a privately owned vehicle during school hours.

_____ I give my permission for the above named student to ride in a privately owned vehicle during school hours.

_____ I do not give my permission for the above named student to ride in a privately owned vehicle during school hours.

Parent/Guardian Signature

I have read this handbook with my child.

Parent/Guardian Signature

Date

I have read this handbook with my parents.

Student Signature

Date

PLEASE RETURN THE PREVIOUS SIGNATURE PAGES TO THE SCHOOL
OFFICE BY THE END OF THE FIRST WEEK OF SCHOOL
If you have any concerns, please contact the office staff at 772-5666

