

EMERGENCY CONTACTS

Emergency Contact: Grandparent Aunt Uncle Family Friend Caseworker Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ Cell Phone: _____

Emergency Contact: Grandparent Aunt Uncle Family Friend Caseworker Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ Cell Phone: _____

FAMILY MEMBERS

Please list other children living in the home with your student:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SERVICES RECEIVED

Check services that apply to this student:

Special Education / IEP Speech Services Section 504 Plan Talented & Gifted (TAG) Program Behavior Plan ELL/LEP

Title VII Indian Ed (Natives Program) _____
Tribe Name

ETHNICITY & RACE

Federal regulations require all U.S. schools to gather statistical data on students' ethnicity and race. If more than one race is chosen, your student will be reported as multi-racial. **Both ethnicity and race must be filled out.**

Ethnicity – Hispanic/Latino: Yes No

Race – select at least one: Black Native Hawaiian or Other Pacific Islander
 Asian American Indian or Alaska Native
 White Non-US Native American

HOME LANGUAGE

Which language did this student learn first? English Other _____

Which language does this student use most often at home? English Other _____

Which language do parents use most often at home? English Other _____

Has this student attended school in any other country? No Yes _____

If yes, please complete Questions 1 and 2

1. When did this student begin school in the US? _____
MM / DD / YY

2. Has this student been in an English Language Learner Program in the US? Yes No

If yes, when and where? _____
MM / DD / YY Country

PERMISSIONS

Field Trips: My student has permission to go on scheduled field trips included in the program of the school, within the school day. Transportation may be provided at the discretion of the school district in such form as approved by school administration. I may decline permission at any time or for any specific field trip.

Yes (I agree to the terms listed above) No (I do not agree to the terms listed above)

Consent for Treatment: In the event of an accident or illness requiring medical attention, I understand that the school will attempt to notify me and will call for emergency medical services in the case of an injury or illness that is too serious to be treated with standard first aid. I also realize that the school district cannot be responsible for any expenses incurred in the treatment of students.

I consent to treatment, operations, or anesthetics, which may be ordered by my student's care provider or emergency medical personnel.

→ **Parent/Guardian Signature:** _____ **Date:** _____
MM / DD / YY

I authorize Lowell School District to record and release media content of my student:

On the school website. Yes No
In the school yearbook. Yes No
For their class picture. Yes No
For other materials. Yes No

I authorize Lowell School District to allow news outlets to record and display media content of my student. Yes No

FOR HIGH SCHOOL STUDENTS ONLY

As required by federal law, Lowell School District will provide the names, addresses and telephone listings of high school students to military recruiters upon request. If you do not want your student's directory information released to military recruiters or post-secondary educational institutions, you may fill out and submit the Non-Release of Student Information Form in the high school office.

MEDICAL INFORMATION

Student's Doctor: _____
Name Phone

Student's Dentist: _____
Name Phone

Hospital of Choice: _____

Please mark if your student has any of the following conditions:

ADD/ADHD _____
Hearing Loss _____
Speech Disorder _____
Vision Problem _____
Asthma _____ Check if Life Threatening
Diabetes _____ Check if Life Threatening
Physical Impairment _____ Check if Life Threatening
Heart Problems _____ Check if Life Threatening
Seizure Disorder _____ Check if Life Threatening
Other _____ Check if Life Threatening
Allergies _____ Check if Life Threatening
Food Allergies _____ Check if Life Threatening

Depending on your student's allergies, you may need to fill out a medical statement form in order for the district to provide food substitutions.

Please contact your school office for more information. – Lundy Elementary: (541) 937-2105 | Lowell High School: (541) 937-2124

Is your student taking medication? No Yes _____

Will your student be taking medication at school? No Yes _____

If yes, please fill out an Authorization for Medical Administration form.

LOWELL SCHOOL DISTRICT 71

TECHNOLOGY USE POLICIES

POLICIES OVERVIEW

The Lowell School District requires students and parents to review and sign the District Technology Use Policies form (the “Policies”) annually for them to use the technology in our schools. This form outlines the District’s requirements and expectations of individuals utilizing the District’s computers, network and associated technologies (the “Technologies”). Please sign and return this form if you want you or your student to have permission to use such District Technologies. The Policies are intended to harmonize with the policies stated in the Lowell District Policy Manual. To the extent any of the Policies conflict with the Lowell District Policy Manual, the policies in the Lowell District Policy Manual will be controlling.

GENERAL USE POLICY

1. District Technologies are to be used solely in connection with the District’s educational purposes. The District is committed to providing students with equal access to District Technologies regardless of race, ethnicity, gender, handicap, or economic status.
2. All student use of District Technologies will be under the direct supervision of District personnel (i.e., a teacher, administrator or educational assistant). The superintendent will ensure there are Policies in effect designed to comply with the Children’s Internet Protection Act (“CIPA”). All components of District Technologies shall at all times remain the property of the District, and the District shall have the discretion, but not the obligation, to review any content stored on or communicated with District Technologies.
3. All use of District Technologies will be subject to all other District policies otherwise applicable to the activity.
4. All use of District Technologies will be subject to compliance with all federal, state and local laws and regulations.
5. A person who fails to comply with the General Use Policy shall be subject to disciplinary action, including, without limitation, an immediate suspension or revocation of a person’s right to use District Technologies, suspension or expulsion of a student, and dismissal of staff. Certain violations of District Policies may also be reported to law enforcement and may result in civil, criminal or administrative sanctions.

ONLINE ACCESS POLICY

1. Any person accessing the internet with District Technologies shall comply in all respects with the General Use Policy.
2. All components of District Technologies shall at all times remain the property of the District, and the District shall have the discretion, but not the obligation, to review any content stored on or communicated with District Technologies.
3. District Technologies shall not be used to spam, hack, or otherwise encumber or cause harm to the computer and mobile systems of others.
4. District Technologies shall not be used to communicate information that is primarily of commercial or political nature, shall not be used to defame, harass, bully, discriminate or otherwise cause harm or embarrassment to other persons, and shall not be used to unlawfully upload, store, create derivative works from, copy, publish or perform the works of others protected by copyright or other intellectual property rights.
5. District personnel reserve the absolute right to remove any content from any component of District Technologies for any purpose. The District does not guarantee that any content stored on any component of District Technology will be secure and preserved.
6. A person who fails to comply with the Online Access Policy shall be subject to disciplinary action, including, without limitation, an immediate suspension or revocation of a person’s right to use District Technologies, suspension or expulsion of a student, and dismissal of staff. Certain violations of District Policies may also be reported to law enforcement and may result in civil, criminal or administrative sanctions.

GOOGLE APPS FOR EDUCATION POLICY

Google Apps for Education is a free web-based suite of applications for schools to use. Students and staff can easily create, share and store documents on line to collaborate on projects and turn in assignments electronically. All of the Google Apps for Education tools can be accessed from any Internet connection at school or home, or with smart phones or other mobile devices.

The state of Oregon contract with Google provides that all students who use Google Apps for Education must have a signed parent consent on file with the school district. Further, the federal Children's Online Privacy Protection Act (COPPA) requires that operators of websites or web-based applications acquire verifiable parental consent for the collection or use of certain types of information from users under 13 years old. Accordingly, for your child to have access to Google Apps through the Lowell School District, you and your child must review, sign and return this consent form.

1. All users of the Lowell Google Apps for Education system must be aware of and agree to the following user guidelines:
2. All rules, regulations and guidelines already addressed in the Lowell District's Acceptable Use Policy document, as well as all local, state and federal laws, apply to the use of the Google Apps for Education system. Nothing illegal, obscene, discriminatory or otherwise deemed inappropriate under other school policies or outside laws may be entered into or displayed via the Google Apps for Education system.
3. Google Apps for Education is provided by the Lowell District solely for school projects. Users may not create or store Google Apps files or sites without the specific permission of a teacher or appropriate school employee. The District may remove or restrict access to all student materials on the Google Apps for Education system at any time.
4. Google Apps for Education users understand and agree that all users:
 - May receive invitations to collaborate.
 - Must be treated with respect.
 - Are expected to contribute fairly, citing sources whenever appropriate.
 - Are prohibited from sharing materials with people outside our school community.
 - Must report any violations of school policies or government laws immediately.
5. Deliberate destruction or vandalism of other users' data is prohibited. No materials should be deleted by a student without the permission of the person who created it.
6. The District's Google Apps for Education system may not be used to post any information related to commercial activities or political advocacy.
7. District employees have the right to monitor all postings and activities in the District's Google Apps for Education system, but do not undertake the responsibility to do so. District employees reserve the right to block, filter or remove any content from the Google Apps for Education system in their sole discretion.
8. All users of the District's Google Apps for Education system understand and acknowledge that the system, as an internet-based system, it is subject to all of the risks of the internet, including intermittent lack of access, loss of data and exposure to malicious software. When using the system away from school facilities, each student is solely responsible for the devices and software they use, including the use of appropriate anti-malware software.
9. The District's Google Apps for Education system will not be used by the District to solicit from any student under the age of 13 personally identifiable information, such as their full name, home address, email address, telephone number or any other information that would allow someone to identify or contact the student.

SIGNATURE

I have read, understand and agree to abide by the District Technology Use Policies set forth in this document and I accept the potential consequences of not following the Policies. I also understand that the Policies are subject to the Lowell District Policy Manual. I recognize that the Policies may be supplemented by other policy statements and may be amended by the District from time to time.

→ **Printed Parent/Guardian Name:** _____ **Phone:** _____

→ **Parent/Guardian Signature:** _____ **Date:** _____

→ **Printed Student Name:** _____ **Grade:** _____

→ **Student Signature:** _____ **Date:** _____

Parent Request for Student Bus Transportation

Student Name(s)	School	Circle One
		New Rider / Existing Rider
		New Rider / Existing Rider
		New Rider / Existing Rider
		New Rider / Existing Rider
		New Rider / Existing Rider
		New Rider / Existing Rider

FOR NEW RIDERS, ALLOW 24 HOURS TO PROCESS BEFORE TRANSPORTATION BEGINS.

Parent or Guardian Name(s)	Contact number(s)

Acceptable pick up people at bus stop:	Contact number(s)

Address Details (Check days applicable)	MON.	TUES.	WED.	THURS.	FRI.
Pick Up Address:					
Drop Off Address (If Different):					
Closest Intersection or Bus Stop (If Known):					

Parent or Guardian Signature:
Date:

Note: If you would like to make a change to your student transportation needs, you can send a note with your student to school that should be turned into the office, or you must call by 2:00 PM, so that adjustments to their routine can be made. If your student does not have a note, we cannot make changes to their routine. There may not be time to contact you. Please help us keep your student safe and in the right place.

THIS PAGE IS INTENTIONALLY LEFT BLANK

TITLE PROGRAMS ELIGIBILITY SURVEY

Parent/Guardian Full Name:	
Street Address, City, State, ZIP	
Contact phone:	
Signature of Parent/Guardian:	Date:

CHECK ALL BOXES THAT APPLY TO YOUR FAMILY

Title I-C Migrant Education Program	
<input type="checkbox"/> My Family has moved within the last 3 years <input type="checkbox"/> A person in my family has worked in or planned to work in agriculture, forestry and/or fishing <input type="checkbox"/> None of the above apply to my family	Assistance to youth ages 0-21 who move in order for them or their parents/guardians to seek or obtain temp work in agriculture, fishing or forestry.

Title VII Indian Education Program	
<input type="checkbox"/> My student/family/I identifies as American Indian/Alaska Native <input type="checkbox"/> My student/self/grandparent is an enrolled tribal member <input type="checkbox"/> None of the above apply to my family	Assistance with tutoring/homework; mentoring; & opportunities to participate in cultural events.

ESSA Title IX-A McKinney Vento Program	
<input type="checkbox"/> We lived doubled up with friends/relatives due to economic hardship <input type="checkbox"/> We live in a motel, car, camper or campsite <input type="checkbox"/> We live in a shelter or transitional living program <input type="checkbox"/> Unsheltered <input type="checkbox"/> None of the above apply to my family	Assistance in accessing the right to an education, regardless of current living situation. Students receive free lunch & other services.

Children in Household			
Child's Name:	School:	Grade:	DOB (M/D/YY)

THIS PAGE IS INTENTIONALLY LEFT BLANK



Survey Number: _____
 [For School Use Only]

Confidential Household Income Survey 2017-2018

Even if your income does not meet these Income Eligibility Guidelines, you must return the survey in order for the school's survey to be valid.

Your Address: _____ City _____ ST _____ Zip _____

1. Circle your household size below, then answer the following questions:

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
1	\$22,311	\$1,860	\$930	\$859	\$430
2	\$30,044	\$2,504	\$1,252	\$1,156	\$578
3	\$37,777	\$3,149	\$1,575	\$1,453	\$727
4	\$45,510	\$3,793	\$1,897	\$1,751	\$876
5	\$53,243	\$4,437	\$2,219	\$2,048	\$1,024
6	\$60,976	\$5,082	\$2,541	\$2,346	\$1,173
7	\$68,709	\$5,726	\$2,863	\$2,643	\$1,322
8	\$76,442	\$6,371	\$3,186	\$2,941	\$1,471
Each add'l family member add:	\$7,733	\$645	\$323	\$298	\$149

Is your income equal to or less than any of the amounts listed next to the number you circled? Yes No

Is your family participating in the Supplemental Nutrition Assistance Program (SNAP) - Oregon Trail Card? Yes No

Is your family participating in Temporary Aid to Needy Families (TANF)? Yes No

Is your family receiving Food Distribution Program on Indian Reservations (FDPIR)? Yes No

Do your students receive migrant, homeless or runaway education services? Yes No

2. Please list all students in your household that attend school.

(Enter the grade they will be entering in Fall 2017. Write on back to list more than 5 students)

Name	Grade	School

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____

THIS PAGE IS INTENTIONALLY LEFT BLANK

**LOWELL SCHOOL DISTRICT 71
REQUEST FOR STUDENT RECORDS**

STUDENT INFORMATION

Student: _____ **Birthdate:** _____ **Grade:** _____

Last School Attended: _____ **Phone:** _____

Street Address: _____ **City, State, Zip:** _____

Please send complete information about student(s) by forwarding the following records to the address indicated below on this form within ten (10) days of receipt of this request.

Cumulative Folder (attendance records, grade level, classroom test results, grades)

Health record folder (hearing, vision, immunizations, etc.)

All Special Education records

Psychological Testing (educational, social, developmental information)

Behavioral Records

Other special program records (TAG, FARMS, Title 1, etc.)

SIGNATURE

In accordance with the Family Education Rights and Privacy Act of 1974 and Oregon State law, I hereby authorize the release of all records on the student(s) listed above to the below referenced school.

→ **Current Address:** _____

→ **Printed Parent/Guardian Name:** _____ **Home Phone:** _____

→ **Parent/Guardian Signature:** _____ **Date:** _____
MM / DD / YY

FOR OFFICE USE ONLY

Secretary Signature: _____

PLEASE SEND RECORDS TO

Lundy Elementary
65 S Pioneer St
Lowell, OR 97452
Phone: 541-937-2105
Fax: 541-937-8709

Lowell Jr./Sr. High School
65 S Pioneer St
Lowell, OR 97452
Phone: 541-937-2124
Fax: 541-937-2112