

WELCOME TO LINCOLN PRIMARY SCHOOL

ADDRESS: 506 CHESTNUT STREET, 59711

MAIN PHONE NUMBER: 406-563-6141

FAX NUMBER: 406-563-5639

MASCOT: LINCOLN LIONS



Attached are the following documents to be signed and returned before student starts school:

-
- **White Card**
 - **Yellow Health Card**
 - **Student Information**
 - **Home Language Survey**
 - **Free/Reduced**
 - **Previous School Records Request**
 - **I-Pad User Agreement, \$20.00 Non-refundable fee**
-

We also need, Immunization Records and a copy of birth certificate!

You will be contacted by your child's teacher to sign up for SeeSaw.

Student ID # _____
OFFICE USE ONLY

ANACONDA PUBLIC SCHOOLS EMERGENCY FORM

School Year: _____

Student's Name: _____ Date of Birth: _____ Gender: M/F
(Last) (First) (Middle)

Home Address: _____ Home Phone #: _____

Mother's Name: _____ Father's Name: _____

Student lives with: Mother/Father Mother only Father only
(Please circle) Mother/Step Father Father/Step Mother Other _____

(If two households, please complete two cards.)

After school arrangements: Bus # _____ Daycare# _____ Other _____

Mother Cell #: _____ Father Cell # _____ Guardian Cell # _____

Mother Email Address _____ Father Email Address _____ Guardian Email Address _____

Mother Work Place & Phone # _____ Father Work Place & Phone # _____ Guardian Work Place/Phone # _____

List 2 alternate individuals who can assume temporary care of your child:

1. Name: _____ Contact # _____ Relationship: _____

2. Name: _____ Contact # _____ Relationship: _____

Student Picture
Office USE ONLY

Emergency School Closure: In case of school closure, the above named individuals can be contacted to take care of my child.

Please complete information on reverse side of card.

Doctor _____ Office # _____ Allergies: _____

Medical Condition(s): _____

MEDICAL RELEASE: In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary.

Please Circle Answer:

Yes No I give permission for the school nurse to share pertinent health information with staff on a "need to know" basis.

Yes No I give permission for the school nurse to share immunization with private physicians and the local health department who will enter this information on the electronic immunization registry to provide a permanent immunization record for my child.

Signature of Parent/Guardian _____

Date _____

Complete the information below if this applies to your child.

RIGHT OF ACCESS

Usually both parents have the right of access to their own child/children. This right can be limited or denied by court order. If you have been awarded custody of your child and you have such court order, and you do not want your ex-spouse to be able to interact with your child at school or to take your child from the school grounds, please sign below. **Must provide a copy of court order to school.**

I certify that I have been awarded custody of my child and there is a court order on file at _____ County Courthouse which denies or limits _____ right of access to my child named on front of this card.
Ex-Spouse/Other Name

Signature of Custodial Parent/Guardian _____

Date _____

CUMULATIVE HEALTH RECORD

STUDENT'S NAME _____ SEX _____ BIRTHDATE _____
LAST FIRST MI

STUDENT'S ADDRESS _____ PHONE NO. _____

FATHER'S NAME _____ PHONE NO. _____
LAST FIRST MI HOME _____

OTHER _____

MOTHER'S NAME _____ PHONE NO. _____
LAST FIRST MI HOME _____

OTHER _____

GUARDIAN'S NAME _____ PHONE NO. _____
LAST FIRST MI HOME _____

DOCTOR _____ PHONE NO. _____ OTHER _____

IN CASE OF ACCIDENT OR EMERGENCY, CONTACT: _____ _____	PHONE NO. _____ PHONE NO. _____
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FAMILY HEALTH HISTORY – Tuberculosis, Diabetes, Heart Disease, etc.	MEDICATIONS – Necessary Information for School Personnel
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STUDENT'S HEALTH HISTORY (Give Dates)

Chickenpox _____	Epilepsy _____	Allergy, specific _____
Mumps _____	Diabetes _____	_____
Rubella (German measles) _____	Asthma _____	Heart condition, specify _____
Measles (red, hard) _____	Cystic Fibrosis _____	_____
Diagnosed by MD? <input type="checkbox"/> yes <input type="checkbox"/> no	Frequent ear infections _____	Other _____
Injuries _____	Operations _____	_____

Congenital defects such as cleft lip, cleft palate, etc. _____

PHYSICAL RESTRICTIONS or other medical problems that may require special considerations, i.e. special seating, bathroom privileges, etc.: _____

SPECIAL DIET or food restrictions: _____

Has student had, or is he/she under, speech therapy? No Yes If so, dates: _____

SIGNATURE OF PERSON COMPLETING FORM _____ DATE _____

FOR USE OF SCHOOL PERSONNEL

	YEAR														
Grade															
HEIGHT	September														
	Percentile														
	May														
	Percentile														
WEIGHT	September														
	Percentile														
	May														
	Percentile														
VISION	METHOD														
	W/O GLASSES BOTH	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
	W/O GLASSES RIGHT EYE	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
	W/O GLASSES LEFT EYE	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
	W/ GLASSES BOTH	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
	W/ GLASSES RIGHT EYE	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
	W/ GLASSES LEFT EYE	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
	NEAR POINT	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
REFERRAL															
HEARING	PURE TONE RIGHT EAR														
	IMPEDANCE														
	PURE TONE LEFT EAR														
	IMPEDANCE														
TEETH	TEETH CONDITION CLASS I, II, III														
	NaF RINSE WEEKLY														
	SCHOLIOSIS SCREENING														
	BLOOD PRESSURE														

DATE	PHYSICAL FINDINGS - PHYSICIAN OR NURSE ASSESSMENT	INITIALS
DATE	TEACHER NURSE COMMENTS	INITIALS

Anaconda School District #10

Student Information

Child's Full Name: _____
(Last) (First) (Middle)

Male ___ Female ___ Date of Birth ___/___/___
MM DD YY

Student's Race/Ethnicity (please check all that apply)

White American Indian/Alaska Native Asian American
 Hispanic African American Native Hawaiian/Pacific Islander

Parent(s)/Guardian Name(s) : _____
Last First

Last First

Address: _____ Phone Number: _____

Phone Number: _____

Child lives with Mother Father Both Parents Guardian

Immunization Records _____ Birth Certificate _____

Bus Service:

Bus Service for students is provided to students in the bus route areas and also to students outside the city limits. Will your child be riding the bus? Yes ___ No ___

Special Concerns:

Medications: _____

Are there any special concerns you would like us to know about? _____

MT Office of Public Instruction

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if your child is:
 A. Native American Indian C. Native Pacific Islander
 B. Alaska Native D. Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____

8. What language does your child most frequently speak at home? _____

9. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____

10. Please describe the language understood by your child. (Check only one)
 A. Understands only the home language and no English.
 B. Understands mostly the home language and some English.
 C. Understands the home language and English equally.
 D. Understands mostly English and some of the home language.
 E. Understands only English.

 Parent or Guardian's Signature

 Date

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	

OPTIONAL

Children's Racial and Ethnic Identities.

Collecting racial and ethnic information helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

<p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p>Race:</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p>
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Free/Reduced Price School Meal Application Income Guidelines					
Household Size	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly
1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
Each additional family member	\$8,288	\$691	\$346	\$319	\$160

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

REQUEST FOR STUDENT RECORDS

ANACONDA SCHOOL DISTRICT
506 CHESTNUT ST.
ANACONDA, MT 59711
Phone: 406-563-6141 ext 1300
Fax: 406-563-5639

TO: _____

Student's name

Grade

Student's name

Grade

Student's name

Grade

PLEASE SEND ALL RECORDS INCLUDING:

- Cumulative file
- Immunization records
- Psychological records
- IEP, 504 Plans

TO:
LINCOLN PRIMARY
506 CHESTNUT ST.
ANACONDA, MT 59711

PLEASE FAX BIRTH CERTIFICATE AND IMMUNIZATION RECORDS ASAP.

Parent Signature

Date

9/22/2020



TO: Lincoln School Parents/Guardians
FROM: Mrs. Barney, Principal
SUBJECT: I-Pads

Attached you will find the District-provided access to electronic information, service, and networks. The last page is the sign off sheet. The User Name is the student's name and the parent/guardian can sign on the bottom.

At this time, we are asking you to please read this Policy, sign and return to Lincoln as soon as possible. There is a one-time fee of \$20.00 for using i-pads. A check, cash or money order will suffice. We cannot take debit or credit cards. All checks should be made out to Lincoln Elementary School.

By doing this now, we will be able to get the device to you quickly should your child's class go remote.

If you have already filled out this form, you do not need to do this again. If you are unable to pay at this time, please let us know.

If you have questions, please do not hesitate to See-Saw your child's teacher, or call the school office at 563-6141. Thank you for your support of your children and our staff.

Sincerely,

Mrs. Barney

DISTRICT-PROVIDED ACCESS TO ELECTRIC INFORMATION, SERVICE, AND NETWORKS

The District makes Internet access and interconnected computer systems available to District students and faculty. The District provides electronic networks, including access to the Internet, as part its instructional program and to promote educational excellence by facilitating resource sharing, innovation, and communication.

The District expects all students to take responsibility for appropriate and lawful use of this access, including good behavior on-line. The District may withdraw student access to its network and to the Internet when any misuse occurs. District teachers and other staff will make reasonable efforts to supervise use of network and Internet access; however, student corporations vital in exercising and promoting responsible use of this access.

CURRICULUM:

Use of District electronic networks will be consistent with the curriculum adopted by the District, as well as with varied instructional needs, learning styles, abilities, and developmental levels of students, and will comply with selection criteria for instructional materials and library materials. Staff members may use the Internet throughout the curriculum, consistent with the District's educational goals.

ACCEPTABLE USES:

1. Educational Purposes Only. All use of the District's electronic network must be:
 - (1) in support of education and/or research, and in furtherance of the District's stated educational goals:
or
 - (2) for a legitimate school business purpose. Use is a privilege, not a right. Students and staff members have no expectation of privacy in any materials that are stored, transmitted, or received via the District's electronic network or District computers. The District reserves the right to monitor, inspect, copy, review, and store, at any time and without prior notice, any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage.
2. Unacceptable Uses of Network. The following are considered unacceptable uses and constitute a violation of this policy:
 - A. Uses that violate the law or encourage others to violate the law, including but not limited to transmitting offensive or harassing messages; offering for sale or use any substance the possession or use of which is prohibited by the District's student discipline policy; viewing, transmitting, or downloading pornographic materials or materials that encourage others to violate the law; intruding into the networks or computers of others; and downloading or transmitting confidential, trade secret information, or copyrighted materials.
 - B. Uses that cause harm to others or damage to their property, including but not limited to engaging in defamation (harming another's reputation by lies); employing another's password or some other user identifier that misleads message recipients into believing that someone other than you is communicating, or otherwise using his/her access to the network or the Internet; uploading a worm, virus, other harmful

form of programming or vandalism; participating in "hacking" activities or any form of unauthorized access to other computers, networks, or other information.

C. Uses that jeopardize the security of student access and of the computer network or other networks on the Internet.

D. Uses that are commercial transactions. Students and other users may not sell or buy anything over the Internet. Students and others should not give information to others, including credit card numbers and social security numbers.

WARRANTIES/ INDEMNIFICATION:

The District makes no warranties of any kind, express or implied, in connection with its provision of access to and use of its computer networks and the Internet provided under this policy. The District is not responsible for any information that may be lost, damaged, or unavailable when using the network or for any information that is retrieved or transmitted via the Internet. The District will not be responsible for any unauthorized charges or fees resulting from access to the Internet. Any user is fully responsible to the District and will indemnify and hold the District, its trustees, administrators, teachers, and staff harmless from any and all loss, costs, claims, or damages resulting from such user's access to its computer network and the Internet, including but not limited to any fees or charges incurred through purchase of goods or services by a user. The District expects a user or, if a user is a minor, a user's parents or legal guardian to cooperate with the District in the event of its initiating an investigation of a user's use of access to its computer network and the Internet.

VIOLATIONS:

Violation of this policy will result in a loss of access and may result in other disciplinary or legal action. The principal will make all decisions regarding whether or not a user has violated this policy and any related rules or regulations and may deny, revoke, or suspend access at any time, with that decision being final.

ACCESS TO ELECTRONIC INFORMATION, SERVICES, AND NETWORKS AGREEMENT:

K-12

The District makes Internet access and interconnected computer systems available to District students and faculty. The District provides electronic networks, including access to the Internet, as part its instructional program and to promote educational excellence by facilitating resource sharing, innovation, and communication.

The District expects all students to take responsibility for appropriate and lawful use of this access, including good behavior on-line. The District may withdraw student access to its network and to the Internet when any misuse occurs. District teachers and other staff will make reasonable efforts to supervise use of network and Internet access; however, student cooperation is vital in exercising and promoting responsible use of this access.

Access to electronic information, services, networks and the Internet are a privilege not a right. Acceptable use would be: Activities which support learning and teaching and are consistent with the educational objectives of

the Anaconda School District. Students are responsible for appropriate behavior when utilizing any technology services just as they are in a classroom or hallway. Students are expected to abide by the generally accepted rules of network etiquette:

- Do not view, send, print or access abusive, obscene or harassing materials.
- Do not engage in uses that cause harm to others or damage to their property, including, but not limited to, engaging in defamation (harming another's reputation by lies): employing another's password or some other user identifier that misleads message recipients into believing that someone other than you is communicating, or otherwise using his/her access to the network or Internet: uploading a worm, virus, other harmful form of programming or vandalism: participating in "hacking" activities or any form of unauthorized access to computers, networks, or other information.
- Do not download or play games, access, download or print cheat games codes, participate in dating sites, subscribe to or access LISTSERV, or any other mailing list server, blogs, chat sites, download or access music sites or files unless specific written permission is given by a teacher or school administrator.
- Do not check, send or receive e-mail or use any messaging service such as instant messenger without written prior permission granted by a teacher and or school administrator.
- Computers are not to be used in a wasteful or frivolous manner. This includes printing WWW pages that require excessive amounts of systems resources due to system load and function or by printing excess copies of documents or files. Do not browse sites not related to the assignment requested by teachers.
- Do not download or install any commercial software, shareware or freeware onto network drives, disks or workstations. Do not connect personal laptops, MP3's or any device not approved by the district.
- Do not copy other people's work or intrude into other student's files.
- Vandalism of any kind including software, hardware and peripherals. Leave workstations and peripherals in their designated places. Do not modify or rearrange printers, keyboards, individual keycaps, monitors, mouse's or cables. Do not reconfigure any workstation.

Consequences for misuse or abuse of these resources, depending on the age of the student and severity of the situation may include one or more of the following:

- A warning followed by re-clarification of the appropriate use of technology services.
- User's access may be denied or withdrawn for not less than 2 weeks and up to a period of 45 school days. Access will be denied in their class which the infraction occurred, alternative assignments will be assigned. Students who have lost Internet or network privileges may not use personal equipment in lieu of district equipment on school grounds.
- Notification of parent, conference required with administrator.
- One day in school suspension with full workload.
- Where damage or vandalism has occurred, payment of equipment and or technical support costs will be levied.
- Referral to legal authorities for possible criminal charges under Section 45-6-311 of School Laws of Montana. This could include out of school suspension and or expulsion in accordance with Anaconda School District Policy 3300. The building administrator and or Superintendent or designee following due process will make all decisions regarding violation and relative rules or regulations and may deny, revoke, or suspend access at any time with their decision being final.

EVERY STUDENT, REGARDLESS OF AGE, MUST READ AND SIGN BELOW:

I have read, understand, and agree to abide by the terms of the Anaconda School District's policy regarding District-Provided Access to Electronic Information, Services, and Networks (Policy No. 3612). Should I commit any violation or in any way misuse my access to the District's computer network and/or the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.

User's Name (Print): _____ Home Phone: _____
User's Signature: _____ Date: _____
Address: _____
Status: I am 18 or older I am under 18

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent or Legal Guardian. (If the applicant is under 18 years of age, a parent/legal guardian must also read and sign this agreement.) As the parent or legal guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of the District's policy regarding District-Provided Access to Electronic Information, Services, and Networks for the student's access to the District's computer network and/or the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's responsibility for abiding by the policy. I am, therefore, signing this Agreement and agree to indemnify and hold harmless the District, the Trustees, Administrators, teachers, and other staff against all claims, damages, losses, and costs, of whatever kind, that may result from my child's use of or access to such networks or his/her violation of the District's policy. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting. I hereby give my child permission to use the building-approved account to access the District's computer network and the Internet.

Parent/Legal Guardian (Print): _____ Home Phone: _____
Signature: _____ Date: _____
Address: _____

This Agreement is valid for the 2020-2021 school year only.

Computer usage form

All students who choose to use a district computer will need to have a parent present to agree to and sign for the device according to district terms of use. A \$20.00 one time usage fee will be required.