

Warroad Public Schools

Together we create a future of excellence by providing a learning community that is personalized, innovative, and secure for all learners.



2022-2023 Annual Permissions

Student Name: _____

Student Grade: _____

Medical Information (Over the counter medications)

Checking below gives permission for the administration of the following medication(s) in the event your child experiences minor aches or pains (headache, injury, stomach, sore throat, etc.) or fever. Please check:

☐ Acetaminophen (Tylenol)

☐ Ibuprofen

☐ Tums

☐ Benadryl

Transportation Information

Will your child need school transportation? ☐ No ☐ Yes (please complete address info below)

AM Pick Up Address: _____

PM Drop Off Address if different from above: _____

Family Educational Rights and Privacy Act (FERPA)

<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Please check all that apply:

- ☐ Do not include my student's information in DIRECTORY INFORMATION (yearbooks, newsletters, awards, etc.)
- ☐ Do not release my student's directory information to the Armed Forces
- ☐ Do not publish my student's photo/image or student work.

Field Trip Permission

Field Trips may include walking, bus trips, in town and/or out of town.

Separate permission may be required for certain field trips. In those instances, an additional form will be sent home.

- ☐ I give permission for educational field trips during this school year under the teacher's supervision.

Student Digital Equity Survey

This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home.

*The information you provide below will be reported to the Minnesota Department of Education (MDE). MDE may provide state- or school-level summary data (without personal, identifying information) to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. **ISD 690 will not share your personal, identifying information provided below with others without your consent.***

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. These questions use the primary address you provide as your "home."

Student Primary Address: _____

You should answer the questions on page 2 based on the conditions at this address only.

Digital Device Access

1. Does the student use an electronic device like a computer, tablet or smartphone to complete homework?

☐ No (skip to question 2)

☐ Yes (continue to 1a)

a. If yes, what type of electronic device does the student usually use to complete homework?
(select ONLY one)

☐ Desktop or Laptop

☐ Tablet

☐ Chromebook

☐ Smart phone

☐ Other

b. Is the electronic device (from 1a) provided by the school?

☐ Yes

☐ No

c. Is the electronic device shared with anyone else in the home?

☐ Yes

☐ No

2. Can the student access the Internet on their electronic device at home?

☐ No – Internet is not available at home

☐ No – Internet is not affordable at home

☐ No – Other

☐ Yes (continue to 2a)

a. If yes, what kind of Internet service do you have at home?

☐ Residential broadband (e.g. Cable, Fiber, DSL)

☐ Cellular network

☐ School-provided hotspot

☐ Satellite

☐ Dial-up

☐ Other

☐ I am not sure.

b. Can the student stream a video on their electronic device without pauses?

☐ Yes – with **no** pauses or buffering

☐ Yes – with **some** pauses or buffering

☐ No – streaming doesn't work

Please continue to page 3 to digitally sign this form