

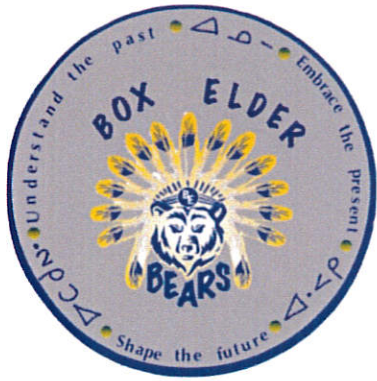
Box Elder Schools Student Enrollment Packet

2021-2022 School Year

To enroll a student at Box Elder Schools, the parent/guardian must complete the following forms and provide the following documentation:

1. Student Information & Consent Form (complete both sides)
2. Student Check-Out Permission
3. Nearby/Walking Field Trip Permission
4. Photography/Video Opt-Out form (only return if opting out)
5. Technology & Acceptable Use Contract
6. iPad Use & Full Responsibility Form
7. Title VII Eligibility Form (Tribal Enrollment verification)
8. Transportation registration paperwork
8. Educational Authorization Affidavit (Notarized) or Custody Paperwork
(If not living with biological parent or if one parent has limited authority)
 - a. May also provide a notarized statement signed by the biological parent, stating they give that adult temporary custody of their child
9. Authorization for release of records if transferring in from another school
10. Provide following documents:
 - a. Proof of physical address
 - ☐ Utility/Power bill or rent/lease agreement
 - ☐ If child and parent reside with someone else, the person they reside with will need to provide the proof of physical address in their name along with a written statement stating the parent and child reside with them at that residence.
 - b. Birth certificate (for brand new to district and kindergarten students)
 - c. Official Immunization Record
 - ☐ Must be an official immunization record
11. **Meeting with Principals for new-to-district/transfer students and parents. Set up appointment with secretaries at either office.**

Once all of these items have been completed and submitted, student enrollment will be completed and they can begin classes on the next school day.



Box Elder Public Schools
Hill County School District 13-G
PO Box 205
Box Elder, MT 59521-0205

Enroll Date _____
Start Date _____
Grade _____
Teacher _____
Village _____
For office use only

Student Information/Consent Form

Last Name First Name Middle Name Suffix

Montana

Birthdate (MM/DD/YY)

☐ Male

☐

Female

Ethnicity (Choose one) Student ethnicity is required by the State of

☐ American Indian or Alaska Native

☐ Hispanic or Latino

☐ Asian

☐ Black or African American

☐ White, Non-Hispanic

☐ Native Hawaiian or Pacific Is.

Birth City, State, Zip Code

Has your child enrolled at Box Elder Schools before?

☐ Yes

☐ No

If **Yes**, list the last grade level and school year attended: _____

If **No**, list the last school attended with City, State, and Zip Code: _____

Please provide the most up-to-date information for the parent/guardian with whom the student resides

Parent/Guardian First & Last Name

Relationship to Student

Mailing Address

City

State

Zip Code

Physical Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

E-mail address

Employer

Work Phone Number

Parent/Guardian First & Last Name

Relationship to Student

Mailing Address

City

State

Zip Code

Physical Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

E-mail address

Employer

Work Phone Number

In the event that the Parent/Guardian cannot be reached, please provide at least three additional Emergency Contacts

First & Last Name	Relationship to student	Contact Number
First & Last Name	Relationship to student	Contact Number
First & Last Name	Relationship to student	Contact Number
First & Last Name	Relationship to student	Contact Number

Medical Information

Does your child have any known allergies? ☐ Yes ☐ No
(If yes, please provide further information as to preventative care and medication in event of allergic reaction)

Student's Doctor _____ Phone Number _____

Is the school permitted to administer Children's Tylenol to your student in case of minor issues such as toothaches, headaches, etc?
☐ Yes ☐ No

In case of serious illness or injury, and a parent/guardian or emergency number cannot be reached, I give permission for the school to take my child to the hospital, the doctor, call the doctor, or do whatever is deemed necessary. ☐ Yes ☐ No

Any other pertinent medical information the school should be aware of:

Special Programs

Has your child participated in any of the following special programs at Box Elder or another school?

☐ Gifted & Talented ☐ Special Education Services ☐ Speech & Language ☐ Counseling Services

Parent/Guardian Counseling Services Consent

☐ **I give permission** for my child to access school counseling services from Box Elder School Counseling Staff & associated interns. I understand that information my child shares with school counseling staff is confidential except where disclosure is required by law.

☐ **I DO NOT give permission** for my child to access school counseling services from Box Elder School Counseling Staff & associated interns. I understand that information my child shares with school counseling staff is confidential except where disclosure is required by law.

School-Aged Siblings Information

Please provide information for siblings of your student who attend Box Elder School

Name	Relationship to student	Grade
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Name	Relationship to student	Grade
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Name	Relationship to student	Grade
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Name	Relationship to student	Grade
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Are there any custodial restrictions regarding student contacts with relatives? ☐ Yes ☐ No
If yes, please provide documentation/written notice to the school to clarify the restrictions.

I attest that all of the information provided is truthful and the most current for my student and our family.

Parent/Guardian Signature _____ Date _____

Student Check-Out Permission

Student safety and academic rigor are our top priority, therefore students will not be permitted to be checked out over the phone or by other students within the school. Students will only be permitted to be checked out by persons listed below. Should you have question/concerns about this policy, we urge you to meet with the administration in person to discuss your concerns.

I give permission for the following individuals to check my student out from school.
I understand that **ONLY** the people listed here may check my student out from school
unless other **prior written notice** is given to the school.

Name	Relationship to student	Phone Number
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Name	Relationship to student	Phone Number
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Name	Relationship to student	Phone Number
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Name	Relationship to student	Phone Number
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Name	Relationship to student	Phone Number
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Nearby/Walking Field Trip Permission

I give permission for my child to participate in nearby/walking field trips with their classmates, supervised by a teacher, counselor, classroom aide, or administrator. These field trips include reward trips to Jitter Bugs, Prairie Brew, hikes/trips in the mountains, trips to SCC for instructional purposes, and other field trips within a 15 mile radius from the school.

Student Name

Grade

Parent Name (Please Print)

Contact Phone #

Emergency Contact (Please Print)

Contact Phone #

Parent Signature

Date

PHOTOGRAPHY/VIDEO OPT-OUT FORM
2021-2022

(Complete and return this form **ONLY IF YOU DO NOT GIVE PERMISSION** for your student to appear in school publicity images, yearbooks or videos, including postings on the school or district websites and social media.)

There are many activities and accomplishments that take place in our schools which the Box Elder School District feels are positive, newsworthy and of interest to the community. District representatives and program partners will, from time to time, use still photography or videography for the purpose of highlighting student achievements or chronicling classroom/school activities. Those images may be used in informational newsletters, school brochures, class pictures, yearbooks and other printed material published by the Box Elder School District and those acting under its permission. It is possible that those images might be used on school and/or district web sites and may also be submitted to the news media for possible publication, as well as on school social media pages (Facebook, Instagram, and Twitter).

If, for any reason, you do not want your child's likeness to be used by the Box Elder School District or by the news media for the purpose of positive publicity about school activities or student achievement, please fill out this form and return to your school office. A separate form is required for each child. This form only applies to the current school year (2018-2019) and to classroom activities or school events that are not already open to the public.

☐ I **DO NOT** wish to have my child photographed/videotaped for news media or school publicity purposes.

Student's full name (please print)

Grade _____

Parent/Guardian's name (please print)

Parent/Guardian's signature & date

Please return signed form to the school office within enrollment packet.

Box Elder Technology & Acceptable Use 2021-2022

Dear Families,

Parent or Legal Guardian. (If 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(s) I have read, understand, and agree that my child shall comply with the terms of the District's policy regarding District-Provided Access and Non-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.

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.

All users must comply with BES acceptable use policy. If at any time a student is found to be accessing inappropriate media on their iPad - either at school or at home - we reserve the right to take the iPad away from the student either temporarily or permanently. Inappropriate use includes, but is not limited to, the following: Visiting inappropriate websites, sending inappropriate email, possessing inappropriate pictures and/or media files, cheating, installing/deleting apps and cyberbullying.

Student Name _____

Date _____

Student Signature _____

Parent/Guardian Name _____

Date _____

Parent/Guardian Signature _____

Box Elder iPad Usage & Full Responsibility Form 2021-2022

As you are aware Box Elder is an Apple ConnectEd School. Technology integration will be utilized by all students and teachers learning with iPad in the classroom. One of the best uses of this technology is to personalize learning and expand a student's learning day, allowing them to learn at home. With your permission your child will have the opportunity to take the educational learning home by taking the iPad home to complete work.

If you are in full agreement to take responsibility for the device, your child is allowed to take the device home. It is important to understand that these are not personal iPads; rather, they are for classroom use. Keep in mind the iPads will be used for school purposes and anything searched on the iPad in the comfort of your home is also available to the school .

Each iPad costs \$500.00 to replace, so proper care and use is essential. If any damage is done to the case it will need to be replaced at \$50.00. Damage to the screen, headphone jack, camera, microphone, or charging port will result in charges of \$150. If damages are found your child will not be allowed to enroll the following school year until damages or replacement of the device are paid in full.

Expectations:

- The iPad must be returned to school everyday. If the iPad is left at home it will be locked and you will need administrative approval to have the iPad unlocked.
- Students will have direct instruction as to their assignment on the iPad at home each night.
- iPads do not come out of backpacks until students are home or back at school.
- iPads must be kept in their protective covers and transported in the school-issued cases.
- iPads are for student learning and use only. Other family members should not use the iPad.
- We are capable of monitoring all at-home use - any apps utilized or websites visited.
- Students are not allowed to download any apps. iPads are not to be used for: Facebook, YouTube, Twitter, or Instagram.

All users must comply with BES acceptable use policy. If at any time a student is found to be accessing inappropriate media on their iPad - either at school or at home - we reserve the right to take the iPad away from the student either temporarily or permanently. Inappropriate use includes, but is not limited to, the following: Visiting inappropriate websites, sending inappropriate email, possessing inappropriate pictures and/or media files, cheating, installing/deleting apps and cyberbullying.

*****All iPads have GPS locators built in. Box Elder School is able to locate your iPad at all times. Once the iPad is locked the only way to unlock or reset the device is through Box Elder School.

Please sign below if you agree to the terms and conditions of above for taking full responsibility of the i-Pad outside of school.

Student Name _____

Date _____

Student Signature _____

Parent Signature _____

Admin _____



VISION SCREENING CONSENT FORM

The Rocky Boy Health Center Optometry Department in conjunction with your school is offering free vision screenings for students throughout the school year. The vision screenings are conducted by Dr. Greg and Dr. Suzette Blahnik the staff Optometrists at RBHC. It is a screening for vision only and does not take the place of a complete eye exam. No eyeglasses or treatments are offered. The results are confidentially recorded on a pass/ did not pass basis and are sent home on a form. Participation is optional, but a signed permission slip is required. Please indicate your permission or refusal by signing below.

CHECK ONE

_____ I DO
_____ I DO NOT

give permission to screen the vision of my child:

(Students Name)

(Date of Birth)

I understand that this is a screening only and does not take the place of a complete eye exam.

Parent/Guardian Signature: _____

Date: _____

ROCKY BOY HEALTH CENTER
6850 UPPER BOX ELDER RD BOX ELDER, MT 59521
PHONE: (406)395-4486 FAX: (406)395-4408

Child Name: _____ Birth Date: _____

School Attending _____ Grade _____

Phone #: _____ ANY Health problems or allergies? _____ If yes, please explain:

If you have any questions or concerns regarding either Consent Form, you may call the Rocky Boy Health Center at 406.395.4486 and ask for the Dental Department or the Rocky Boy Public Health Nursing Department at 406.395.1641 or Diabetes Department at 406.395.1749 during business hours.

Please fill out all blanks and columns on this form using blue or black ink only. Please write legibly.

DENTAL PREVENTION PROGRAM CONSENT FORM

Dear Parents/Guardians:

The Rocky Boy Health Center Dental Clinic is offering a dental prevention program for all children attending Box Elder and Rocky Boy Schools. The purpose of this program is to prevent decay in your child's primary and permanent teeth. After a dental screening, sealants will be placed on indicated teeth and a fluoride varnish will be applied. These are painless procedures that do not require any injections. There will be no cost for your child's participation. Parents will be notified if any other treatment is recommended.

_____Yes, I give my permission for my child to participate in the Dental Prevention Program. This permission will continue from year to year unless specifically revoked.

_____No, I do not want my child to participate in the Dental Prevention Program.

DIABETES PREVENTION PROGRAM

_____Yes, I give my permission for my child to participate in the Child Health Measures Diabetes Prevention Program.

_____No, I do not want my child to participate in the Child Health Measures Diabetes Prevention Program.

☐ I understand that during the course of the activities pictures may be taken to help us remember the events and participants. I give permission for my child's picture to be used in publications such as but not limited to: newsletter, Rocky Boy Health Center website, and social media account.

☐ I DO NOT GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE TAKEN

PUBLIC HEALTH NURSING DEPARTMENT CONSENT TO RECEIVE IMMUNIZATION AT SCHOOL

The purpose of this service is to protect your child against preventable diseases.

Circle Yes or No in each column.

MENINGITIS	HPV	FLU SHOT	Tdap	ENTER IMMUNIZATIONS INTO STATE REGISTRY
YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

Parent/ Guardian Name (Please Print)

Relationship to child listed above

Signature of Parent/Guardian

Date Signed

Box Elder Bears Student Hand Book 2021-2022

Name (Student): _____

Students: Please sign below and return to either the High School or the Elementary Office. Your signature indicates that you have read the Box Elder Bears Student Hand Book and understand the rules and regulations as approved by the Trustees of School District 13-G.

Signature of Student: _____

Parent/Guardian: As an informed parent, your signature below indicates that you have read the rules and regulations of the Box Elder Bears Student Hand Book.

This form must be signed and returned to the student's teacher no later than Friday **August 27th, 2021.**

As a parent or legal guardian of, _____, I have read and understand the Box Elder Bears Handbook and I agree to the following:

(please initial where appropriate)

_____ As a parent or legal guardian of the student named above, I grant permission for my son or daughter to use a school computer, Ipad, or network software provided by Box Elder Public Schools.

_____ As a parent or legal guardian of the student named above, I grant permission for my son or daughter to access internet services provided by Box Elder Public Schools.

_____ As a parent or legal guardian of the student named above, I grant permission for my son's or daughter's photo to appear on the districts website or Facebook page.

_____ As a parent or legal guardian of the student named above, I grant permission for my son's or daughter's school work to be published on the districts website or Facebook page.

Signature of Parent/Guardian _____ Date _____

Address: _____ City: _____ Zip code: _____

Phone: (home) _____ (Cell) _____