

Johnson County Westside High School

General Student Information		
First Name: _____	Middle Name: _____	Last Name: _____
Physical Address (Student)		Mailing Address (Student)
Address: _____		Address: _____
City: _____		City: _____
State: _____ Zip Code: _____		State: _____ Zip Code: _____
Parent/Guardian 1 <input type="checkbox"/> Student resides here		Parent/Guardian 2 <input type="checkbox"/> Student resides here
Name: _____		Name: _____
Relationship to Student: _____		Relationship to Student: _____
Mailing Address: _____		Mailing Address: _____
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____
Email _____		Email _____
Home Phone: _____ Cell: _____		Home Phone: _____ Cell: _____
Work: _____ Employer: _____		Work: _____ Employer: _____

_____ Check if there are no restrictions on who can pick up your child/children

_____ Yes _____ No If your child is sick, we have permission to contact names on the list if we cannot reach parent/guardian

_____ Yes _____ No Some form of ID will be required to pick up your child/children

Emergency Contacts: Only people listed will be able to pick up your child.	
Name	Phone Number

Please list people who CANNOT pick up your child/children.

Westside Schools
1535 Rabbit Hill Rd.
Hartman AR 72840
Phone: (479) 497-1191

Student Name _____

STUDENT LAPTOP PROGRAM ACCEPTABLE USE AGREEMENT FORM

I have read this document and agree with the stated conditions. Questions regarding the laptops may be directed to the Student Technology Help Desk or the Principal.

	Student Initials	Parent Initials
I agree to follow conditions on this form (front and back side) and all of the applicable WSD School Board policies. Abuse will result in disciplinary action. Use of the laptop is subject to access and monitoring by the WSD to ensure compliance with appropriate policies. Inappropriate use of media (pictures, videos, audio, etc.) will be subject to disciplinary action.		
I will not give anyone my password, and I will not allow anyone else to use my laptop.		
To protect my account and files, I will log off the laptop when I'm not using it or lock the screen.		
I will contact a teacher or principal if I witness inappropriate use of the WSD network or laptop, if I receive an inappropriate email, or if I am a victim of cyberbullying or harassment.		
I will not cyberbully or harass others using the school provided laptop.		
I will not leave the laptop in an unsupervised area. I will protect it as I would my own property. I will not store the laptop in my car (extreme temperatures can damage the laptop).		
I will not give out personal information about myself or others over the internet.		
I will not do the following to the laptop: format or reload the hard drive, disassemble, add or remove hardware components, or install software (unless it is approved by district teachers).		
I agree to return the laptop to the Student Technology Help Desk on or before the date I am expelled, terminate enrollment, graduate or at the end of the school year. Failure to turn in will result in financial obligation.		
I understand that I must bring my device to class each day. Failure to do so will result in disciplinary action.		
I understand my device must be fully charged each day before school. Failure to do so will result in disciplinary action.		

This completed and signed form is a mandatory requirement for the assigning and issuing of a WSD laptop. It must be filled out prior to the issuing and assigning of the laptop. Students will not receive their laptop until the Principal or office at your school has received a signed form.

The Westside School District (WSD) owns this laptop and all associated peripherals. The laptop is loaned to you solely for educational purposes throughout the course of an academic year (Aug-May). The laptop is subject to this Acceptable Use Agreement and all applicable WSD Board policies. Failure to follow policies may result in student discipline. Any use of the laptop is subject to access and monitoring by the WSD in order to ensure compliance with these Policies. All information stored on the laptop belongs to the WSD, and you should not assume that any information stored thereon is private or confidential.

Parent/Guardian Responsibilities and Terms

Your student is participating in a Laptop Program for the current school year to improve and personalize your child's education. It is essential that this Acceptable Use Agreement be followed ensure the safe, efficient, and proper use of the WSD's computer. YOU MUST ACCEPT AND STRICTLY FOLLOW ALL THE FOLLOWING TERMS AND RESPONSIBILITIES:

- I will read this Acceptable Use Agreement and discuss it with my child.
- I will supervise my child's use of the laptop at home and ensure they follow attached use and are guidelines. I will ensure my child brings the laptop to school each day.
- I will not attempt to repair the laptop.
- I will report loss/theft of the laptop to the building principal and proper authorities within 24 hours. I will not change or attempt to change the configuration of software or hardware.
- I will not download or attempt to install any programs or files from the Internet.
- I will not remove any program or files stored on the laptop except for personal documents of my child.

Student Use Responsibilities and Terms

The WSD is pleased to be able to offer you the opportunity to participate in the Laptop Program. All district technology resources must be used for educational purposes in a manner consistent with all state and federal laws and regulations. Additionally, in order to ensure success for you and this Program overall, you must follow these rules:

Obey all school rules and School Board policies.

- Do not email or access hate speech, threatening, discriminatory, or pornographic content. Bring laptop to school every day with a full charge.
- Do not send spam or mass emails.
- Do not use the laptop for financial or commercial gain or for political, religious, or illegal activity. Do not use anonymous or false communications
- Do not download proxy servers or try to bypass security settings on laptop or WSD network Do not access other students' accounts, files, or data without the student's permission
- Do not illegally acquire copyrighted material including illegally obtained games, software, music, video, etc. Do not visit websites that sell book reports or schoolwork
- Use only a soft or anti-static cloth to clean the screen
- Do not harm or destroy hardware or software including or creating a computer virus or computer programs that can infiltrate computer systems or interfere with the performance of the network.
- Do not attempt to logon to server, routers, or firewall as an WSD system administrator
- The WSD shall not be responsible for any loss of any software or files on the laptop regardless of the cause.
- Avoid extended use of the Computer resting directly on our lap. The bottom of the laptop can generate significant heat and therefore cause injury.

If you have problems with the laptop: Contact in the following order

Instructor
Student Technology Help Desk
Principal

WESTSIDE SCHOOL
STUDENT HEALTH FORM
2022-2023

Grade _____

Teacher _____

Student _____ Date of Birth _____

Parent/Guardian _____ Phone# _____ Work# _____

Parent/Guardian _____ Phone# _____ Work# _____

Dear Parent:

Please take a few minutes to fill out the following information about your child. It is very important you let the school know immediately if you have any phone number changes. This form will aid us in providing the fastest and best possible care for your child. Thank you for your help.

Primary Doctor _____ **Medicaid/ARKids Number** _____

MEDICATIONS

The following are some of the main medications that are used as part of our first aid. Please mark the ones that we may use for your child at school.

_____ Antibiotic cream	_____ Burn Cream	_____ Chapstick	_____ Cough drops
_____ Eye Drops/wash	_____ Ibuprofen	_____ Orajel	_____ Pepto Bismol
_____ Peroxide	_____ Sting relief Swab	_____ Tums	_____ Tylenol
_____ Zyrtec			

ALLERGIES

Please list any allergies, severity of allergy and the symptoms they cause.

1. Medications _____
2. Insect stings _____
3. Food _____
4. Other _____

DO ANY OF THESE REQUIRE THE USE OF AN EPI-PEN? ____ Yes ____ NO

MEDICAL CONDITIONS

Please fill in any of the following that apply to your child. List and describe any special treatments that your child requires. List dates of illnesses, injuries, and operations.

1. Epilepsy, Seizures, Fainting _____
2. Asthma/Lung/Heart Disease _____
3. Diabetes _____
4. Bladder/Bowel Problems _____
5. Ulcers/Eating Disorders _____
6. Cancer/Leukemia _____
7. Hearing/Vision Problems _____
8. Speech Problems _____

9. Physical Handicap_____
10. Emotional Problems_____
11. Major Illness or Injuries_____
12. Surgery_____
13. ADD/ADHD_____

14. Childhood Illness (PLEASE CHECK ANY THEY HAVE HAD)

_____ Measles	_____ Mumps	_____ Rubella
_____ Chicken pox	_____ Polio	_____ Whooping Cough
_____ Rheumatic fever	_____ Scarlet Fever	

15. Does your child take daily medications?

Drug _____ Amount _____ Time _____

Drug _____ Amount _____ Time _____

Please list additional contacts (other than parent/guardian listed on front page) who may be notified in the event of an emergency or illness to pick up your child.

Name _____ Relationship _____ Home _____ Cell _____

Name _____ Relationship _____ Home _____ Cell _____

Name _____ Relationship _____ Home _____ Cell _____

In the event of a life threatening injury/illness your child will be transported via ambulance to the nearest hospital.

Parent or Guardian Signature _____ Date _____

Please remember for the safety of our students medications are to be brought in by the parents/guardians only. There will also be a required form to be filled out for any prescription medication(including inhalers) that need to be given at school whether it may be daily or just when needed. Please refer to your handbook for any questions or rules you may have including our fever and lice policy. Thank you for your assistance and remember it is VERY important that we have correct working numbers in the event of an emergency.

Brittany Ragsdale
Westside School Nurse

Parental Consent to Access Public Insurance and to Release Personally Identifiable Information

Student Name: _____ Date of Birth: _____

Student Identification Number: _____ Medicaid Number: _____

With parental consent, the school district can seek federal Medicaid reimbursement for the cost of the health services the school district provides to children who are eligible for Medicaid, and who receive those services that are identified in their individualized education program (IEP). In order to seek the federal Medicaid funds for reimbursement, the school district must disclose information from your child's education records to Medicaid and Medicaid billing agencies.

Under the Family Educational Rights and Privacy Act (FERPA), parental consent is required in order to release student personally identifiable information to agencies not identified in the Act. This consent grants the school district the ability to release student information for the purpose of billing Medicaid.

By signing below, you are indicating the following:

- I understand and agree that I am giving the school district permission to access my or my child's public benefits or insurance.
- I understand that my child's education records and information about the services my child receives through an IEP may be released to the Department of Human Services, Division of Medical Services, Arkansas Medicaid, and the school district's Medicaid billing agent for the purpose of billing Medicaid.
- I understand that this may include sharing information with DHS, contracted billing agents, and/or a physician to obtain necessary documentation to receive reimbursement for services provided through an IEP.
- I understand that information to be released may include: student's name, date of birth, social security number, Medicaid ID, disability, IEP and evaluations, type of service(s), times and dates services were delivered, and progress notes.
- I understand that this consent will remain in effect at all times the district is responsible for providing IEP services to my child, unless revoked by me.
- I understand that I may revoke consent at any time by notifying the school district in writing.
- I understand that revoking my consent does not change the school district's responsibility to provide all required IEP services to my child at no cost to me.
- Before giving my consent below, I was provided with a written notice further explaining my rights and protections under Part B of the Individuals with Disabilities Education Act (IDEA) regarding consent and the purpose of this form.

Is your child covered by private insurance? No Yes (If yes, please complete Third Party Liability Section on back of form)

Parent or Guardian Signature

Date

**Parental Consent to Release Personally Identifiable Information
Third Party Liability Section***

*This section should only be completed if the student is covered by private insurance.

Student Name: _____ **Date of Birth:** _____

Student Identification Number: _____ **Medicaid Number:** _____

Information Related to Billing Third Party Insurance:

Title 42 Code of Federal Regulations (CFR), Part 433, Subpart D, Third Party Liability, requires that all third party sources must be utilized before reimbursement can be made by Medicaid. Part B of the Individuals with Disabilities Education Act (IDEA) prohibits a public agency from requiring parents, where they would incur a financial cost, to use insurance proceeds to pay for services that must be provided to a child with disabilities under the "free appropriate public education" requirements of these statutes. IDEA does not create exceptions to Title 42 CFR, Part 433, Subpart D. All Medicaid providers, including school districts, should attempt to exhaust third party liability prior to making claims to Medicaid.

Please check one of the following:

_____ I do NOT give permission to the school district to bill my private insurance for healthcare services delivered in the school.

_____ I give permission to the school to bill my private insurance for healthcare services delivered in the school.

Private Insurance Information:

Insurance company: _____

Address: _____

Phone: _____

Name of Policy Holder: _____

Policy Holder Date of Birth: _____ Social Security Number: _____

Policy Number: _____ Group Number: _____

Parent or Guardian Signature

Date

Parent, Family, and Community Engagement Plan Summary

The Johnson County Westside School District is committed to the education of all students. We know that this is a task that we can NOT do alone. We welcome the engagement of all the residents in the Johnson County Westside School District in assisting us in the development of our students. The school will provide the following services for parents:

1. Yearly Title I meeting in October to explain what Title I is and gain parent input as to the use of Title I funds.
2. Communicate with parents concerning school events, student progress, fundraisers, and meetings by postal mail, email/text, school website, Facebook, phone call, or notes home.
3. Update students grades regularly in the Home Access Center for parents to view.
4. Provide two Parent-Teacher Conferences per year and progress reports every 4 ½ weeks per 9 weeks.
5. Have an open door policy for some school meetings so that any parent can attend that would like to.
6. Provide strategies for math and literacy so that parents can help with educating their child at home.
7. Have a volunteer program on each campus with training held for those that are interested.
8. Conduct surveys of parents to provide information to help with school improvement.
9. Provide a library of parenting resources.

If you have any questions or comments concerning the Parent, Family, and Community Engagement Plan, please contact:

District Coordinator: Virga Hayes at (479)497-1991 or vhayes@westsiderebels.net

Elementary Facilitator: Meredith Young at (479)497-1088 or myoung@westsiderebels.net

High School Facilitator: Courtney Hurt at (479)497-1171 or churt@westsiderebels.net

Please detach and return the bottom portion to your student's school.

I have received a copy of the Parent, Family, and Community Engagement Plan.

Student Name

Student Grade

Parent Signature

Date

4.29F—STUDENT ELECTRONIC DEVICE AND INTERNET USE AGREEMENT

Student's Name (Please Print) _____ Grade Level _____

School _____ Date _____

The Westside School District agrees to allow the student identified above ("Student") to use the district's technology to access the Internet under the following terms and conditions which apply whether the access is through a District or student owned electronic device (as used in this Agreement, "electronic device" means anything that can be used to transmit or capture images, sound, or data):

1. **Conditional Privilege:** The Student's use of the district's access to the Internet is a privilege conditioned on the Student's abiding to this agreement. No student may use the district's access to the Internet whether through a District or student owned electronic device unless the Student and his/her parent or guardian have read and signed this agreement.
2. **Acceptable Use:** The Student agrees that he/she will use the District's Internet access for educational purposes only. In using the Internet, the Student agrees to obey all federal laws and regulations and any state laws and rules. The Student also agrees to abide by any Internet use rules instituted at the Student's school or class, whether those rules are written or oral.
3. **Penalties for Improper Use:** If the Student violates this agreement and misuses the Internet, the Student shall be subject to disciplinary action. [Note: A.C.A. § 6-21-107 requires the district to have "...provisions for administration of punishment of students for violations of the policy with stiffer penalties for repeat offenders, and the same shall be incorporated into the district's written student discipline policy." You may choose to tailor your punishments to be appropriate to the school's grade levels.]
4. "Misuse of the District's access to the Internet" includes, but is not limited to, the following:
 - a. using the Internet for other than educational purposes;
 - b. gaining intentional access or maintaining access to materials which are "harmful to minors" as defined by Arkansas law;
 - c. using the Internet for any illegal activity, including computer hacking and copyright or intellectual property law violations;
 - d. making unauthorized copies of computer software;
 - e. accessing "chat lines" unless authorized by the instructor for a class activity directly supervised by a staff member;
 - f. using abusive or profane language in private messages on the system; or using the system to harass, insult, or verbally attack others;
 - g. posting anonymous messages on the system;
 - h. using encryption software;
 - i. wasteful use of limited resources provided by the school including paper;
 - j. causing congestion of the network through lengthy downloads of files;
 - k. vandalizing data of another user;
 - l. obtaining or sending information which could be used to make destructive devices such as guns, weapons, bombs, explosives, or fireworks;

Cont. on back →

- m. gaining or attempting to gain unauthorized access to resources or files;
- n. identifying oneself with another person's name or password or using an account or password of another user without proper authorization;
- o. invading the privacy of individuals;
- p. divulging personally identifying information about himself/herself or anyone else either on the Internet or in an email unless it is a necessary and integral part of the student's academic endeavor. Personally identifying information includes full names, address, and phone number.
- q. using the network for financial or commercial gain without district permission;
- r. theft or vandalism of data, equipment, or intellectual property;
- s. attempting to gain access or gaining access to student records, grades, or files;
- t. introducing a virus to, or otherwise improperly tampering with the system;
- u. degrading or disrupting equipment or system performance;
- v. creating a web page or associating a web page with the school or school district without proper authorization;
- w. providing access to the District's Internet Access to unauthorized individuals;
- x. failing to obey school or classroom Internet use rules;
- y. taking part in any activity related to Internet use which creates a clear and present danger of the substantial disruption of the orderly operation of the district or any of its schools; or
- z. Installing or downloading software on district computers without prior approval of the technology director or his/her designee.

5. Liability for debts: Students and their cosigners shall be liable for any and all costs (debts) incurred through the student's use of the computers or access to the Internet including penalties for copyright violations.

6. No Expectation of Privacy: The Student and parent/guardian signing below agree that if the Student uses the Internet through the District's access, that the Student waives any right to privacy the Student may have for such use. The Student and the parent/guardian agree that the district may monitor the Student's use of the District's Internet Access and may also examine all system activities the Student participates in, including but not limited to e-mail, voice, and video transmissions, to ensure proper use of the system. The District may share such transmissions with the Student's parents/guardians.

7. No Guarantees: The District will make good faith efforts to protect children from improper or harmful matter which may be on the Internet. At the same time, in signing this agreement, the parent and Student recognize that the District makes no guarantees about preventing improper access to such materials on the part of the Student.

8. Signatures: We, the persons who have signed below, have read this agreement and agree to be bound by the terms and conditions of this agreement.

Student's Signature: _____ Date _____

Parent/Legal Guardian Signature: _____ Date _____

Westside High School

Johnson County

westsiderebels.net

Consent Form A

Drug Policy (Optional)

I understand that my performance as a participant and the reputation of my school are dependent, in part on my reputation as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Westside School District and the sponsors for the activities in which I participate.

I authorize Westside School District to conduct a test for drugs and/or alcohol use on the urine specimen which I provide. I also authorize the release of information concerning the results of such a test to the Westside School District and my parents and/or guardian.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of the above information to the parties named above.

Student Signature

Date

Parent Signature

Date

Date Received in Principal's Office

Parent/Guardian
Volunteer Interest Survey

2022-23

Please Print First and Last Name: _____

Phone number: _____ Email address: _____

List of children in the High School:

Students First and Last Name: _____ Grade: _____

Students First and Last Name: _____ Grade: _____

Students First and Last Name: _____ Grade: _____

I am available the following days and times:

I would like to volunteer by:

Please mark ways in which you would like to volunteer:

_____ Field Trips

_____ Concession stand

_____ Tutoring

_____ Reading

_____ Guest speaker

_____ Special Events

_____ Other

Westside High School
479-497-1171

**JOHNSON COUNTY WESTSIDE SCHOOL
STUDENT HANDBOOK
2022-2023**

westsiderebels.net

Dear Parent or Guardian,

The student handbook is available on the school website listed above or in print by request. The Student handbook is in effect for all students enrolled at Westside Schools. We ask that you read and go over the handbook with your student(s) so we may avoid problems or misunderstandings in the future. By law we are required to have documentation that both students and parents are aware of where to obtain and read a copy of this handbook. This form must be completed and signed by both yourself and your student. Forms must be returned to the respective building principal's office. Thank you for your help in this matter.

The principal reserves the right to follow the disciplinary procedures described in the Handbook in the event that this page is not signed and returned to the administration office.

I am aware that the Westside Schools Student Handbook is available on the school website (westsiderebels.net) or in print if I request one from the school principal's office. I and my student have read the Westside Schools Student Handbook.

Student Signature/Printed Name _____

Parent/Guardian Signature _____

Date _____

Grade of Student (circle one): 6 7 8 9 10 11 12

***I give permission for my child's image, name and/or school work to be displayed for recognition in school publications, school websites, local newspapers, and other media for the purposes of promoting the positive image of the student and Westside School District.**

Parent Signature

Date

ESCUELA WESTSIDE DEL CONDADO DE JOHNSON

PROVISION 2 **NON BASE YEAR**

SCHOOL YEAR 2022-2023

The Johnson County Westside School District is pleased to announce the district's policy for providing meals at NO CHARGE for all students participating in the National School Lunch Program or School Breakfast Program, regardless of eligibility category, during the 2021- 2022 school term unless otherwise notified. This is made possible through the United States Department of Agriculture (USDA) Special Assistance Certification and Reimbursement Provision 2 Alternative. Federal reimbursement for meals is based on applications on file for the 2005- 2006 Base Year for the district. These applications are filed and maintained at the Johnson County Westside (ex: central office) to ensure the strict confidentiality of each document and must remain safely filed for the entirety of the school district's Provision 2 status. The information on the applications will be made available only to State and Federal officials for review. All adults, e.g., visitors, teachers, support staff members and administrators of the district must assume the full cost of the meal which is \$2.35 for Breakfast and \$3.75 for Lunch.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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.

RESIDENCY FORM

Your answers will help determine if the child/youth meets eligibility requirements for services under the McKinney-Vento Act.

List all of your children birth through age 21.

Name of Child/Youth	School/Program	Age	Grade/ Early Childhood Level	Date of Birth

Parent/Guardian _____

Address _____

City _____

Zip Code _____ Phone Number: _____

Please choose which of the following situations the child or youth currently lives in (you can choose more than one):

- ☐ House or apartment with parent or guardian
- ☐ Motel, car, or campsite
- ☐ Shelter or other temporary housing
- ☐ With friends or family members (other than or in addition to parent/guardian)
- ☐ Living in inadequate housing (no heat, no water, mold infested, etc.)

If you are living in shared housing, please check all of the following reasons that apply:

- ☐ Loss of housing
- ☐ Economic situation
- ☐ Temporarily waiting for house or apartment
- ☐ Provide care for a family member
- ☐ Living with boyfriend/girlfriend
- ☐ Loss of employment
- ☐ Parent/Guardian is deployed
- ☐ Other (Please explain)

Are you a child or youth living apart from your parents or guardians?

Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at 479-497-1991, or the State Coordinator at 501-683-5428.

Arkansas law provides that anyone who knowingly gives a false residential address for purposes of public school enrollment is guilty of a violation and subject to a fine of up to \$1,000 (Ark. Code Ann. § 6-18-202(f)).

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

Services for McKinney-Vento Identified Students

Student: _____

School: _____

Grade _____

Please check the services needed or desired:

☐ Early Head Start or Head Start

☐ Transportation to the school of origin

☐ Clothing/Uniform

☐ School supplies

☐ Counseling

☐ Medical/dental referral

☐ Vision referral

☐ Medicaid/DSHS services – food stamps

☐ Preschool Enrollment records

☐ Missing enrollment records

☐ Birth certificate

☐ Immunization/medical records

☐ Tutoring

☐ After-school programs

☐ Teen Center

☐ Mentoring

☐ Special Education

☐ Gifted/talented

☐ Vocational/technical

☐ Community resource

☐ Prior academic records

☐ LEP/Bilingual program

☐ Guardianship issues

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

Employment Survey

District: _____

Your child may qualify to receive: free school supplies, free school meals, free books, free high school credits through correspondence, college scholarships, a free year of college at selected sites, limited health services

Su hijo puede calificar para recibir: útiles escolares gratis, comida en la escuela gratis, libros gratis, créditos para la secundaria por correspondencia gratis, becas para la Universidad, un año de Universidad gratis en sitios seleccionados, servicios de salud limitados.

Parent Information

Información de los Padres

Parent Name (Nombre de padres) _____

Contact Number(Teléfono de contacto): _____

Physical Address (Dirección física) _____

City/Ciudad: _____

Relocation History

Please Answer	Yes	No
In the last 3 years (including summer), did you or a family member move, travel, leave home, or go stay for more than a week to look for or work in agriculture or fishing work (See list below)		

Moved from: _____

Check all that Apply	Date
Processing plants (meat, poultry, fruit, dairy products, vegetables)	_____
Chicken Houses (catching, caring for chickens, picking up eggs)	_____
Caring for Livestock	_____
Nurseries (plants or trees)	_____
Cotton Gin	_____
Farming (planting, fertilizing, harvesting crops, cutting and bailing hay, etc...)	_____
Fish Farms or Processing fish or seafood	_____
Fruit Harvesting (Watermelons, picking berries)	_____
Timber Work (clearing land, skidding logs, planting, thinning or harvesting trees)	_____
Wood Processing (sorting, trimming, splitting logs, cutting lumber ie: pallet,chip, or sawmills)	_____
Other _____	_____

Historial de Reubicación

Por Favor, responda	Sí	No
En los últimos 3 años (incluido el verano), ¿usted o un miembro de su familia se mudó, viajó, se fue de su casa o se fue a vivir durante más de una semana para buscar o trabajar en la agricultura o el pescado		

De donde se movió: _____

Marque todo lo que aplique	Fecha:
Procesadoras (carne, frutas, verduras, aves de corral, productos lácteos, o el pescado)	_____
Granjas Avícolas (agarrando, criando pollos, o levantando huevo)	_____
Cuidando Ganado	_____
Agricultura (plantando, cosechando cultivos, cortando y empacando paja etc...)	_____
Viveros (plantas o arboles)	_____
Pisca de algodón	_____
Graneros o compañías de semilla	_____
Cosecha de fruta (sandia or recogiendo uvas)	_____
Industria de la Madera (limpiar la tierra, sembrar o cortar arboles, o rociar con herbicidas/pest.)	_____
Processamiento de madera (clasificando, división de troncos, corte de troncos en molinos de paletas, molinos de astillas, aserraderos)	_____
Otra agricultura: _____	_____

List all Children in the household under 22

Escriba los nombres de todos los niños menores de 22 años.

Name/Nombre	Age/Edad	Name Nombre	Age/Edad
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For more information, contact: Marisol Beltran (479)965-6011, Josh Vest (479)647-8516, Rey Flores (479)414-8151

School-Parent-Student Compact

Student Name: _____ Grade: _____

Westside Schools, and the parents of the students participating in activities, services, and programs provided by Westside Schools, agree that this compact outlines how the parent, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

This School-Parent-Student compact is in effect during the 2022-23 school year.

School Responsibilities:

1. Provide high –quality curriculum and instruction in a supportive and effective learning environment that will enable the participating children to meet the State's student academic achievement standards. A licensed teacher will follow the state mandated standards and provide a supportive, safe environment.
2. Hold parent– teacher conferences once each semester.
3. Provide parents with updated information concerning their child's progress. This information is available through the Home Access Center (HAC) and is updated by Monday each week. Progress reports are sent home for students whose progress is below a "C" average at the midpoint of each nine weeks.

4. Provide parents reasonable access to staff.

Communication is most effective by email as teachers have limited time to make phone calls.

5. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities. Parent volunteer surveys will be provided at the beginning of the school year. Parent's coming on to campus during the school day must be cleared with the office.

Principal's Signature

Parent Responsibilities:

1. Monitor your child's school attendance. (Missing school has a negative impact on school success.)
2. Make sure homework is complete. (You Tube and other websites can provide homework help.)
3. Participate, as appropriate, in decisions relating to your child's education.
4. Stay informed about your child's education.
5. Communicate with the school by promptly reading/responding to all notes from the school and contact the school if you have concerns.

Parent's Signature

Student Responsibilities:

1. Do homework every day and ask for help when needed.
2. Give parents/guardians all notices and information received by me from the school.

Student's Signature