

ENROLLMENT INFORMATION
MALDEN R-I SCHOOLS

(Print all information Clearly)

Date of Enrollment _____

NAME: _____
(first) (m.i.) (last)

SEX _____ RACE _____ DATE OF BIRTH _____ SOC. SEC # _____
(month) (day) (year)

AGE _____ BIRTHPLACE _____ BIRTH CERT. NO. _____
(Kindergarten and New Students Only)

HOME ADDRESS _____ PHONE # _____

SCHOOL LAST ATTENDED _____

SCHOOL YEAR ATTENDED _____ GRADE IN SCHOOL _____
(this year) (last year)

PARENT (S) / GUARDIANS (S) (in the home)

1ST PARENTS NAME _____ RELATIONSHIP _____
WORKPLACE _____ PHONE # _____

2ND PARENTS NAME _____ RELATIONSHIP _____
WORKPLACE _____ PHONE # _____

PARENT(S) / GUARDIANS(S) (not in the home) * This section is optional.

NAME _____ RELATIONSHIP _____
WORKPLACE _____ PHONE # _____

WHAT LANGUAGE IS SPOKEN IN THE HOME _____

MIGRANT INFORMATION: HAVE YOU BEEN EMPLOYED IN FARM LABOR OF ANY KIND IN THE LAST 5 YEARS? NO ____ YES ____

IF YES, EXPLAIN _____

DO YOU CURRENTLY RESIDE WITH ANOTHER FAMILY, OR A PERSON OTHER THAN FAMILY, OR IN A TEMPORARY HOUSING FACILITY? NO ____ YES ____

DID YOUR CHILD ATTEND ANY SPECIAL CLASSES? NO ____ YES ____ IF YES, WHAT CLASSES? _____

TRANSPORTATION INFORMATION - DISTANCE FROM SCHOOL More than 1 mile yes no

BUS PICKUP ADDRESS: _____ BUS # _____ LOAD _____

BUS DELIVERY ADDRESS: _____ BUS # _____ LOAD _____

*IF THE PICKUP OR DELIVER ADDRESS IS RURAL, PLEASE GIVE COMPASS DIRECTIONS AND ROAD NUMBERS:

EMERGENCY INFORMATION: WE MUST HAVE THIS INFORMATION!!!

PERSONS TO CALL IN CASE OF EMERGENCY - ** OTHER THAN THE PARENTS **

NAME (1) _____ PHONE # _____

NAME (2) _____ PHONE # _____

MEDICAL DOCTOR _____ PHONE # _____

DENTIST _____ PHONE # _____

IN THE EVENT OF AN EMERGENCY AND WE CANNOT CONTACT YOU, DO THE SCHOOL OFFICIALS HAVE YOUR PERMISSION TO ACT IN YOUR BEHALF, CONCERNING YOUR CHILD'S HEALTH AND WELL-BEING?

YES _____ NO _____

1ST PARENT SIGNATURE / Date

2ND PARENT SIGNATURE / Date
(Optional)

SENT _____ RECEIVED _____



Malden Junior/Senior High School

2022-2023 Enrollment Information

Student Name _____

Grade _____

Telephone Number _____

Parent Name _____

Address _____

Previous School Information

Name of School _____

Address _____

Telephone Number _____

Fax Number _____

Malden R-I School District
Residency Enrollment Checklist

Name of Parent/Guardian: _____

Address: _____ **City/State:** _____

Telephone: Home _____ Work _____ Cell _____

Name of Student: _____

Address Verification- Check One (Provide copy of document)

- ☐ Rental Contract
- ☐ Real Estate Contract signed by all parties
- ☐ Utilities Bill/ Deposit Receipt
- ☐ Other (payroll check, driver's license, W-4, employment documents)

Basis for Admission of Student- Check One (167.020 RSMO)

- ☐ Resides with a parent in the school district
- ☐ Resides with a legal guardian in the school district (Copy of court-ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration (SB944))
- ☐ Resides with a military guardian in the school district (SB944)
- ☐ Homeless child (person less than 21 years of age who lacks a fixed, regular, and adequate nighttime residence), including a child who
 - ☐ a. Living on the street, in a car, abandoned building or other form of shelter not designated as a permanent home
 - ☐ b. Living in a community shelter facility
 - ☐ c. Living in transitional housing for less than one year

Give the address or directions. _____

- ☐ Special circumstances- Check one if applicable (167.151 RSMO)
 - ☐ a. An orphan
 - ☐ b. One parent living
 - ☐ c. Parents do not contribute to the student's support
 - ☐ d. Agriculture (all four of the following conditions must be met: own real estate of which 80 acres or more used for agricultural purposes, parent's residence is on the real estate, at least 35% of the real estate is in the district, parent notified the district on or before June 30 that the student would be attending)
 - ☐ e. Parent is a teacher under contract with the district (Board Policy required- Section 167.151 RSMO, 168.151 RSMO)
 - ☐ f. Parent is a regular employee with the district (Board policy required- Section 163.011 RSMO)
- ☐ Under certain circumstances as prescribed by state law, non-resident students may enroll under the following conditions:
 - ☐ a. Tax Credit Tuition- Any person who pays a school tax in any other district in which he or she resides may send his/her children to any public school in the district in which the tax is paid to the district (Section 167.151(3) RSMO)
 - ☐ b. Transportation Hardship as assigned by the commissioner of education (Section 167.121 RSMO)
 - ☐ c. Attending a regional or cooperative alternative education program or an alternative education program on a contractual basis (Section 167.020.6 RSMO)

Affidavit:

By my signature below I attest that the information listed above is a true and accurate statement. Furthermore, I attest that I am not enrolling my child in the Malden R-I School District for athletic reasons and that the student is living in the district for reasons other than enrolling in the Malden R-I School District.

Signature of the Parent or Legal Guardian: _____

Office use only

Date of student admission: _____

Student denied admission, date of dismissal: _____

Reason for denial: _____

Dear Parents/ Guardians,

If you are interested in being able to view your child's grades, discipline, attendance, lunch history/balance, homework grades, test grades, and progress reports online through a special secure website, please sign this form, provide us with your email address and have your child return this form to the high school office.

_____ YES, I want to receive my child(s) report card by email.

You will only need to return one form for your family.

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

1st Parent email address _____

2nd Parent email address _____

Parent Signature

Date

After we have entered your email address into the system you will be provided by email, a user name and password to access your child's individual information. Only your child/children's information will be available for you to view.

The email address that you provide will only be used for school purposes and will not be given to a third party.

If you have any questions regarding this process, please contact the principal's office at 276-5794 ext. 1.

Malden R-I School District

Statement of Student Discipline

In accordance with the Missouri Safe Schools Act, parents, guardians and other persons having charge or control of a student must provide the district information regarding the student's disciplinary and criminal history prior to admission.

Name of Student: _____

Parent, Court-Appointed Legal Guardian, Military Guardian or Person Enrolling Student:

Is the above student presently under suspension or expulsion from another school district?

_____ Yes _____ No

If yes, please explain: _____

Has the above student ever been expelled from school attendance at any school in this state or any other state for an offense in violation of school board policies relating to weapons, alcohol or drugs or for willful infliction of injury to another person?

_____ Yes _____ No

If yes, please explain: _____

Has the above student been convicted or charged with any crimes in juvenile or adult courts other than minor traffic violations?

_____ Yes _____ No

If yes, please indicate which crime(s): _____

I attest that all of the above information is correct and true. I understand that it is a crime pursuant to 167.023, RSMo., if I do not disclose the information or if I provide false information.

Signature of Parent/Legal Guardian

Date

MALDEN R-I SCHOOL DISTRICT
(Ethnicity and Race Student Self-Identification Form)

The district is requesting that this form be completed by the student or the student's parent (as defined in JO-AP). **Completion of this form is voluntary.** The district is required to submit an aggregate report on the ethnicity and race of all students in the district. The most accurate information comes from you. If this form is not completed, the district will be forced to assign each student to an ethnicity and race category based on whatever information the district has available, including visual observation.

Collection of this information is authorized by federal law, and the information collected will be used to satisfy federal and state reporting requirements and better serve the students of our district. All information provided will be kept confidential in accordance with law.

Students Name: _____

Student Identification Number: _____ School: _____

Instructions: Please answer both questions.

Question 1

Ethnicity (Choose only one):

Is the student Hispanic or Latino?

- ☐ Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South American, Central American or other Spanish culture or origin, regardless of race)
- ☐ No, not Hispanic or Latino

Question 2

Race (Choose one or more):

What is the student's race?

- ☐ American Indian or Alaska Native (a person having origins in any of the original peoples of North America or South America, including Central America, and who maintains tribal affiliation or community attachment)
- ☐ Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- ☐ Black or African American (a person having origins in any of the black racial groups of Africa)
- ☐ Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific islands)
- ☐ White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Malden R-1 School Student Health Inventory

Your child's learning depends upon good health. To assist us in providing health service for your child, please complete the following health inventory and return to school. (Parents are responsible for advising the school when changes are needed to the information provided on this form).

Student Name: _____ Grade: _____ Teacher: _____

Medical History

☐ Yes ☐ No Consent to give over the counter medication Tylenol, Ibuprofen, Tums or Pepto etc. (Per label instructions by age/wt.) Daily medications times at school are 8 a.m., 11-12. The 2 p.m. meds will only be given if student is staying after school past 3 p.m.

Diagnosed by Physician:

ADD ☐ Yes ☐ No
ADHD ☐ Yes ☐ No
Autism ☐ Yes ☐ No
Asperger's Syndrome ☐ Yes ☐ No
Anxiety ☐ Yes ☐ No
Obsessive Compulsive Disorder ☐ Yes ☐ No
Oppositional Defiance Disorder ☐ Yes ☐ No
Post-Traumatic Stress Syndrome ☐ Yes ☐ No
Bipolar ☐ Yes ☐ No
Asthma ☐ Yes ☐ No

If yes, Asthma Action Plan and inhaler must be on file

Seasonal Allergy ☐ Yes ☐ No
Latex Allergy ☐ Yes ☐ No

Drug Allergy ☐ Yes ☐ No Drug: _____

Allergic Reactions (Non-Life threatening such as hives, rash, etc.)

☐ Yes ☐ No If yes, to what? _____

Describe reaction: _____

Treatment: _____

Life Threatening/Severe Food Allergy (requiring an Epi-Pen)

☐ Yes ☐ No If Yes, Name of food: _____

Life Threatening Insect Allergy (requiring an Epi-Pen)

☐ Yes ☐ No If Yes, Name insect: _____

If Severe/Life threatening Allergy, Epi-Pen must be on hand for school use.

Epilepsy/Seizure Disorder ☐ Yes ☐ No

Type: _____ Frequency: _____

Limitation: _____

Date of last seizure: ____/____/____

Cancer/Blood Disorder ☐ Yes ☐ No

Limitations: ☐ Yes ☐ No

Type: _____ Date Diagnosed ____/____/____

Taking chemotherapeutic medication ☐ Yes ☐ No

Diabetes • Type I • Type II

Glucose monitoring at school ☐ Yes ☐ No

Insulin required while at school ☐ Yes ☐ No

Snacks/diet monitoring at school ☐ Yes ☐ No

Eye/Vision Problems ☐ Yes ☐ No

Describe _____

Hearing/Ear Problems ☐ Yes ☐ No

Describe _____

Bladder Problems ☐ Yes ☐ No

Describe _____

Bowel/Stomach Problems ☐ Yes ☐ No

Describe _____

Heart Condition ☐ Yes ☐ No

Type: _____

Limitations: _____

Other (Please describe health concerns) _____

List medications taken at home or school _____

Insurance Coverage:

Please select one:

_____ My child currently has insurance coverage, and we do not require additional information

_____ My child currently has Medicare/Medicaid coverage, and we do not require additional information

_____ My child is currently without coverage, and we would like information about Medicare/Medicaid

Parent/Guardian Signature: _____ Date: ____/____/____

**Malden R-I School District
601 W Burkhart St
Malden MO 63863
573-276-5794**

**One-Time Parent/Guardian Consent to Access Public Benefits and Release
Personally Identifiable Information**

With parental consent, school districts are allowed to seek reimbursement from the MO HealthNet (Medicaid) Division for payment of medically related services provided through an individualized education program (IEP) under the Individuals with Disabilities Education Act (IDEA) by accessing a parent's or child's public benefits.

In order to access your public insurance, the school district must have your consent. By signing below, you are indicating that you understand and agree for the school district to release personally identifiable information about your child and the IEP services your child receives and to access your public insurance to pay for some services in your child's IEP under the IDEA. This may include sharing information with the MO HealthNet Division (MHD), their contracted billing agent, and/or a physician to obtain the necessary documentation (e.g., physician scripts, and referrals) to receive partial reimbursement for services provided through an IEP. The information released may include your child's name, date of birth, social security number (if provided), Medicaid ID or other identification, disability type, IEP and evaluations, types of services, times and dates services were delivered, and progress notes.

School District Name: Malden R-I School District _____

Student's Full Name: _____ Date of Birth: _____

By signing below, you are indicating the following:

< I understand the above and give the school district permission to access my or my child's public insurance and release my child's education records and information about the services my child receives through the IEP in order to bill MO HealthNet (Medicaid) for partial payment of medically related IEP services under the IDEA.

< I understand this consent will remain in effect at all times the district is responsible for providing services to my child unless revoked by me and I may revoke my consent at any time by notifying the district in writing.

< I understand that withdrawing 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 given a written notice telling me more about parental consent and the purpose of this form.

Parent/Guardian Name (PRINTED) _____

Parent/Guardian Signature _____

Date _____

The term “homeless children and youth”—

- A. means individuals who lack a fixed, regular, and adequate nighttime residence...; and
- B. includes —
- i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
 - ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...;
 - iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - iv. migratory children...who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

These questions cover the definition of homelessness that is within the Every Student Succeeds Act (ESSA).

1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason. ____yes____no

Explain: _____

2. Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? ____yes____no
3. Are you currently residing in an emergency or transitional shelter? ____yes____no
4. Has the student been abandoned in a hospital? ____yes____no
5. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? ____yes____no
6. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? ____yes____no



Malden School Google Suite for Education Permission Form

Dear Parents/Guardians,

Malden R-1 School District is dedicated to providing a challenging education to all of our students by utilizing technology and community resources to create a student-centered, innovative, and engaging environment to create life-long learners and empowered, responsible citizens. As a commitment to this mission, we have decided to pursue the use of Google Suite for Education in addition to the great technology we already have in place. As with any educational endeavor, a strong partnership with families is essential to a successful experience. This permission form describes the tools and student responsibilities for using these services.

The following services are available to each student and hosted by Google as part of Malden School District's online presence in Google Suite for Education:

Mail - an individual email account for school use managed by the Malden School District

Calendar - an individual calendar providing the ability to organize schedules, daily activities, and assignments

Drive - a word processing, spreadsheet, drawing, and presentation toolset that is very similar to Microsoft Office

Sites - an individual and collaborative website creation tool

Blogger - an individual and collaborative blog for sharing their writing

Using these tools, students collaboratively create, edit and share files and websites for school related projects and communicate via email with other students and teachers. These services are entirely online and available 24/7 from any Internet-connected computer. Examples of student use include showcasing class projects, building an electronic portfolio of school learning experiences, and working in small groups on presentations to share with others.

Technology use in the Malden School District is governed by federal laws including: Children's Online Privacy Protection Act (COPPA)

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, advertising is turned off for Malden School District's presence in Google Suite for Education. No personal student information is collected for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context. The school's use of student information is solely for education purposes.

--COPPA – <http://www.ftc.gov/privacy/coppafags.shtml>

Guidelines for the responsible use of Google Apps for Education by students:

1. Official Email Address. All students will be assigned an email account. This account will be considered the student's official Malden email address until such time as the student is no longer enrolled with the Malden School District.

2. Prohibited Conduct. Please refer to the Student Handbook for the technology usage agreement and discipline.

3. Access Restriction. Access to and use of student email is considered a privilege accorded at the discretion of the Malden School District. The District maintains the right to immediately withdraw the access and use of these services including email when there is reason to believe that violations of law or District policies have occurred. In such cases, the alleged violation will be referred to a building Administrator for further investigation and adjudication.

4. Security. Malden School District cannot and does not guarantee the security of electronic files located on Google systems. Although Google does have a powerful content filter in place for email, the District cannot assure that users will not be exposed to unsolicited information.

5. Privacy. The general right of privacy will be extended to the extent possible in the electronic environment.

Malden School District and all electronic users should treat electronically stored information in individuals' files as confidential and private. However, users of student email are strictly prohibited from accessing files and information other than their own. The District reserves the right to access the student's account in Google systems, including current and archival files of user accounts when there is reasonable suspicion that unacceptable use has occurred.

Malden School District

Google Suite for Education Permission Form for Student Email, Online Documents, Calendar, and Sites

By signing below, I confirm that I have read and understand the following:

Under FERPA and corresponding Missouri law, a student's education records are protected from disclosure to third parties. I understand that my student's education records stored in Google Suite for Education may be accessible to someone other than my student and the Malden School District by virtue of this online environment. My signature below confirms my consent to allow my student's education record to be stored by Google.

I understand that by participating in Google Suite for Education, information about my child concerning educational purposes will be collected and stored electronically. I have read the privacy policies associated with use of Google Suite for Education (<http://www.google.com/a/help/intl/en/edu/privacy.html>). I understand that I may ask for my child's account to be removed at any time.

_____ **YES**, I give permission for my child to be assigned a full Malden School District Google Suite for Education account. This means my child will receive an email account, access to Google Drive, Calendar, and Sites.

_____ **NO**, I do not give permission for my child to be assigned a full Malden School District Google Apps for Education account. This means my child will NOT receive an email account or access to Drive, Calendar, and Sites.

Student Name: (Print) _____

Grade: _____

Parent/Guardian Signature: _____

Date: _____

By signing below, I confirm that I have read the handbook and agree with the following:

(Student User Technology Agreement)

I have read the Malden R-I School District Internet Usage policy and procedure as outlined in the student handbook and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me including revocation of my access to district technology.

I understand that my use of the district's technology resources is not private and that the school district may monitor my electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my electronic communications using district technology resources as well as downloaded material and all data I store on the district's technology resources (including deleted files) pursuant to state and federal law, even if the district's technology resources are accessed remotely.

(Parent/Guardian Technology Agreement)

I have read the Malden R-I School District Internet Usage policy and procedure as outlined in the student handbook. I understand that violation of these provisions may result in disciplinary action taken against my child including revocation of my access to district technology.

I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my child's electronic communications using district technology resources as well as downloaded material and all data stored on the district's technology resources (including deleted files) pursuant to state and federal law, even if the district's technology resources are accessed remotely. I agree to be responsible for any unauthorized costs arising from use of the district's technology resources and I am responsible for any damages caused by my child's misuse of district technology.

(Google Agreement)

I understand that my student's education records stored in Google Suite for Education may be accessible to someone other than my student and the Malden School District by virtue of this online environment. My signature below confirms my consent to allow my student's education record to be stored by Google.

I understand that by participating in Google Suite for Education, information about my child concerning educational purposes will be collected and stored electronically. I have read the privacy policies associated with use of Google Suite for Education (<http://www.google.com/a/help/intl/en/edu/privacy.html>). I understand that I may ask for my child's account to be removed at any time.

Parents Right To Know Notification- Page 50

Parent School Learning Compact - Page 68

A copy of the 2022-2023 Malden Jr/Sr High School Student HandBook can be found on the Malden R-I School District website.

PLEASE SIGN THIS PAGE AND RETURN TO THE HIGH SCHOOL OFFICE.

Student Name: (Print) _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Parent-School Learning Compact

Malden R-I School District

2022-2023

Parent-School Learning Compact

Title I

In a school-wide program, Title I, Part A funds are used to supplement the educational program of the entire school. There are no identified eligible students. Instead, a plan composed of eight essential components is developed and implemented to help insure that all students attain the state student performance standards.

Malden R-I Title One Compact

As a teacher, I will strive to:

- Believe that all children can learn
- Respect and value the uniqueness of each child and his or her family
- Provide an environment that promotes active learning
- Document ongoing assessment of each child's academic progress
- Maintain open lines of communication with students and parents
- Seek to involve parents in the school program
- Demonstrate professional behavior and a positive attitude

As a parent/guardian, I will strive to:

- Believe my child can learn
- Show respect and support for my child, the staff, and the school
- See that my child attends school regularly
- Provide a quiet place for my child to study at home
- Encourage my child to complete all homework assignments
- Attend parent-teacher conferences
- Support the school in developing positive behaviors in my child
- Talk to my child about his or her school activities each day
- Encourage my child to strive at home and apply all his/her learning to daily life

As a student, I will strive to:

- 1) Believe that I can learn
- 2) Show respect for myself, my school, and other people
- 3) Always try to do my best in my work and behavior
- 4) Work cooperatively with students and staff
- 5) Come to school prepared with my homework, and supplies



Board Of Education
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MALDEN R-I SCHOOL DISTRICT
"Named One of America's Best High Schools"
505 WEST BURKHART, MALDEN, MO 63863-1445
PHONE 573-276-5794 FAX 573-276-5796

Jeff Bullock, Superintendent

Elementary School
Carie Fowler, Principal
Misty Thomas, Assistant

High School
Robert Ison, Principal
Aaron Bidewell, Assistant

Sp Ed Process Coordinator
Jackie Cohen

Malden R-1 School District Photography/Video Opt-Out

The Malden R-1 School District has many opportunities to recognize students' accomplishments and activities throughout the year using photos of students. This may take the form of yearbook, print newsletters, video, TV, email, website, newspaper articles, etc. Parents who **DO NOT** want their child's photograph used in any way need to notify their child's school office to obtain proper paperwork to prevent school or district use of their student's photo.



Board Of Education

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MALDEN R-I SCHOOL DISTRICT

"Named One of America's Best High Schools"

601 WEST BURKHART, MALDEN, MO 63863-1445

PHONE 573-276-5794 FAX 573-276-5796

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High School

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Jackie Cohen

Parental/Guardian permission slips approving corporal punishment must be on file prior to administering corporal punishment. An attempt to notify parent/guardian prior to administering corporal punishment will be made.

☐ I have read and understand that I have the right to choose whether or not corporal punishment may be used in disciplining my child(ren).

Parent/Guardian's signature

☐ I hereby authorize the use of corporal punishment under the conditions outlined above for the following children:

Student's Name(s)

☐ I do not wish for corporal punishment to be administer to the following children:

Student's Name(s)

The Malden R-I School District does not discriminate on the basis of race, color, national origin, age, sex, disability, or religion its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

I have read the Malden R-I School District Internet Usage policy and procedure as outlined in the student handbook and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me including revocation of my access to district technology.

I understand that my use of the district's technology resources is not private and that the school district may monitor my electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my electronic communications using district technology resources as well as downloaded material and all data I store on the district's technology resources (including deleted files) pursuant to state and federal law, even if the district's technology resources are accessed remotely.

(Parent/Guardian Technology Agreement)

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(Google Agreement)

I understand that my student's education records stored in Google Suite for Education may be accessible to someone other than my student and the Malden School District by virtue of this online environment. My signature below confirms my consent to allow my student's education record to be stored by Google.

I understand that by participating in Google Suite for Education, information about my child concerning educational purposes will be collected and stored electronically. I have read the privacy policies associated with use of Google Suite for Education (<http://www.google.com/a/help/intl/en/edu/privacy.html>). I understand that I may ask for my child's account to be removed at any time.

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Parent/Guardian Signature: _____ Date: _____