

HARLOWTON JH/HIS SCHOOL FORMS

2023-2024

**Students are the First Priority at Harlowton
Public Schools**



Receipt of Handbook

"I have received a copy of the *Harlowton High School 7 – 12 Student Handbook* for 2023-2024. I understand that the handbook contains information that my child and I may need during the school year. I understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the handbook."

Print name of student: _____

Signature of student: _____

Signature of parent: _____

Date: _____

Release of "Directory Information"

"Regarding student records, federal law requires that 'directory information' on my child be released by the District to anyone who requests it unless I object in writing to the release of any or all of this information. This objection must be filed within ten school days of the time this handbook was given to my child. Directory information ordinarily includes **the student's name, address, telephone number, date and place of birth, participation in officially recognized activities and sports, weight and height of members of athletic teams, photographs, dates of attendance, awards received in school, and most recent previous school attended.**

In exercising my right to limit release of this information, I have marked through the items of directory information listed above that I wish the District to withhold about my child."

Parent Signature

Date

Consent for Hearing Screening

Parent/Guardian signature gives consent for your child to have hearing screening, conducted during the 2023-24 school year. This consists of an initial screening and may include a rescreen. Please contact the school if an ear-related medical issue arises, and that information will be passed on to the audiologist. Signature indicates permission is granted.

Parent Signature

Date

STUDENT TRAVEL POLICY

1. Student dress must follow student handbook dress code.
2. Boys and girls may not go into opposite gender hotel rooms.
3. Curfew can be no later than 11:00 p.m. – meaning students are in their room, lights off. Students are expected to go to sleep at a reasonable time so they are awake and alert for the day’s activities. Coaches and advisors may set curfew time earlier.
4. Students are expected to be on time and prepared for all appointed departures. The bus will not return to locations for lost or forgotten items.
5. Students are expected to use appropriate language and manners at all times. As representatives of their school and community, students are to act maturely and follow the instructions of all chaperones, advisors, teachers, and coaches.
6. Use and distribution of alcohol, tobacco, and drugs are prohibited.
7. Students are never to go anywhere on their own. They must remain with the group at all times unless approved by the advisor. When the group is in the hotel, individuals may not leave the hotel unsupervised.
8. Students are not allowed to swim without an advisor/chaperone supervising the pool area. Swimming pool rules must be followed at all times.

Students will not receive a warning on these policies. If a student breaks any of these policies, they will be at risk of being sent home immediately at their parents’ expense and are subject to school disciplinary action.

A coach or advisor can have additional rules students must abide by.

Student Signature

Parent Signature

Date

Date

ANNUAL REGISTRATION AND INFORMATION FORM

Full Legal Name _____
Last First Middle Cell Phone

Gender _____ Birthdate _____ Grade going into _____ Preferred Name _____

City and State of Birth _____ Primary Language Spoken _____

Previous School Attended and Address _____

Child Resides w/ _____
Father/Stepfather (Name) Mother/Stepmother (Name) Guardian/Other

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ State/Zip _____

Father/Guardian Home Phone _____ Cell Phone _____ Work Phone _____

Mother/Guardian Home Phone _____ Cell Phone _____ Work Phone _____

*Parent/Guardian Email 1 _____ *Parent/Guardian Email 2 _____

What is your preferred method of contact? _____

List all family members living in the household, including ages of children _____

Please answer BOTH Questions

1. Is this student (or are you) Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.) Choose only one answer.
____ No, not Hispanic or Latino ____ Yes, Hispanic or Latino ____ Decline to Answer

2. What is the student's (or your) race(s)? Regardless of how you answered the first question, choose one or more and all that apply.

____ American Indian or Alaska Native (A person having origins in any of the original peoples of North and 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.)

____ Decline to Answer

THERE ARE TWO SIDES TO THIS FORM- PLEASE TURN OVER!

***Email is required**

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 #	Data Distributed	Data Received	

PARENT RELEASE FORM

TO: Parents of _____

Dear Parents:

In the event of an emergency school closure, we are asking that you sign this release form giving alternate individuals permission to take your child home.

If for some reason, you will not be home, it should be understood that your child will be kept at the _____ of the assigned individual until you pick him/her up.

It is very important for the safety of your child that he/she is aware of this arrangement and that your alternate agrees to assume the responsibility.

Child's Name

Teacher's Name

Grade

Alternate #1

Alternate #2

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone:

Phone: _____

Phone: _____

In the event of an emergency school closure, please check the box if you would like your child to be able to walk or drive home on their own.

Parent/Guardian's Signature: _____

MEDICAL CONSENT FORM

STUDENT/ATHLETE: _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event an emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer to provide the needed emergency treatment to the student/athlete prior to his/her admission to the medical facilities.

Signature of parent or guardian Date

Phone numbers where parents can be reached:

Work: _____

Home: _____

Other: _____

Name of family physician: _____ Phone #: _____

HEALTH HISTORY

	YES	NO	
Kidney injuries	_____	_____	
Heart condition or disease	_____	_____	
Diabetes	_____	_____	
Asthma	_____	_____	
Psychological Disorders	_____	_____	
While competing, do you wear:			
Glasses	_____	_____	
Contacts	_____	_____	
Allergy to any medication:	_____	_____	If yes, list:
Allergy to any foods	_____	_____	If yes, list:

PLEASE INITIAL the over-the-counter medications that you permit your child to be given upon request: _____ Tylenol _____ Tums/Antacids _____ Ibuprofen _____ Cough drops

COMPUTER ACCEPTABLE USE AGREEMENT

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the Harlowton School District's policy regarding acceptable use of technology. (A copy of Policy #3612 – *District Provided Access to Electronic Information, Services, and Networks* and Policy #2070 – *Access to Electronic Networks* is available for review in the office and the school website. 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.

Users Name (Print): _____

Home Phone: _____

User's Signature: _____ **Date:** _____

Address: _____

Status: Student ____ Staff ____ Patron ____ 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 I agree to abide by this policy.

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, I have read, understand, and agree that my child shall comply with the terms of the District's policies regarding District-Provided Access to Electronic Information, Services, and Networks and Acceptable Use of Electronic 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): _____

Signature: _____

Home Phone: _____ Address: _____

Date: _____

This Agreement is valid for the 2023-2024 school year only.

HARLOWTON SCHOOL DISTRICT

Google Workspace for Education

User Agreement & Parent Permission Form For Students

Students in grades K-12 will receive a Google Workspace for Education account. Students MUST have a signed parent/guardian permission slip on file prior to setting up a Google account. Google Workspace for Education is a limited secured network. Accounts are property of the Harlowton School District. Therefore, content in these accounts may be accessed or searched by designated employees (IT staff, administrators, teachers, etc.) in accordance with School Board Policy.

Google Workspace for Education allows the Harlowton School District to give Google's communication and collaboration applications to our entire education community for free. All services are hosted by Google and are available to students and staff via any Internet-connected computer and many mobile devices. Google Workspace includes the following services:

- **Google** – allows users to create and collaborate on documents, spreadsheets, presentations, forms, and drawings in real-time as well as upload and share any file type. Allows students to maintain electronic student portfolios of their work which is preserved for the entire time they are a student in the Harlowton School District.
- **Gmail** - provides email storage, highly effective spam filtering and powerful search. Email accounts are automatically restricted to send and receive email from accounts within Harlowton School District.
- **Google Calendar** – allows coordination of class schedules, meetings and events online
- **Google sites** – develop and customize rich websites and embed Google Docs, Google Calendars, videos, and other media – no HTML required
- **Google Groups** – create mailing lists and discussion forums allowing students and teachers to share documents, calendars, sites, and media with specific groups
- **Other tools and extensions** – may be made available to students in Google Workspace for Education after they have been approved by the Harlowton School Administration.

Students are expected to abide by the rules outlined within the Harlowton School District Student Use of Technology Policy. See Policy #3612 and Policy #2070.

More information on Google Workspace for Education can be found online:

Google Workspace for Education terms and services <https://policies.google.com/terms>.

Accounts in Google Workspace for Education: https://edu.google.com/why-google/privacy-security/?modal_active=none.

I agree to allow my child, _____, to have access to Google Workspace for Education as provided by Harlowton School District.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

Dear Parents,

With Governor Bullock signing of the Dylan Steigers Protection of Youth Athletes Act into law in 2013 there are a few requirements that affect the Montana High School Association and our School District. All student-athletes and their parents have to sign a Concussion Statement prior to participating in any school sport. The law requires all Athletic Trainers, Coaches, and Officials to remove a youth athlete from participation in any organized athletic activity at the time the youth exhibits signs, symptoms, or behaviors consistent with a concussion. The youth cannot return to play until they are evaluated by a licensed health care professional and receives a written clearance.

Once again the Bair Memorial Hospital has purchased a Baseline Test called the ImPACT test. The ImPACT test is a tool to help diagnose concussions and assist a licensed health care professional in determining when the student-athlete is ready to return to play. The ImPACT system is the most-widely used and most scientifically validated computerized concussion evaluation system. ImPACT is in use by many teams in MLB, NHL, NFL, more than 7,400 high schools and over 1,000 colleges and universities. The computerized ImPACT test establishes a baseline neurocognitive report for each participating athlete. If a concussion is suspected, the test is repeated and the results can be used by medical professionals to assess potential changes or damage caused by a concussion.

We will be testing all of our student-athletes. The test will take approximately 30-40 minutes. For more information on the test you can view the website at www.impacttest.com

Signature of Parent/Guardian

Date

Signature of Student-Athlete

Date

Student-Athlete & Parent/Legal Guardian Concussion Statement

Because of the passage of the Dylan Steiger’s Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete’s parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health care provider.

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Guardian Name(s): _____

We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet*.

If true, please check box

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be “seen.” Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date

Harlowton Public Schools Student Drug Testing Consent Form

Participation in school sponsored co- and extra-curricular activities at Harlowton Public Schools is a privilege. Activity Students carry a responsibility to themselves, their fellow students, their families, their school, and their community to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Chemical use of any kind is incompatible with participation in co- and extra-curricular activities at Harlowton Public Schools.

Harlowton Public Schools has adopted the attached Activity Student Drug Testing Policy 3074 and this Student Drug Testing Consent for use by all Activity Students as defined in the Policy. This policy explains in more detail the purpose of drug testing and its implementation. The policy also defines “chemical use” and “illegal drugs”.

CONSENT BEFORE PARTICIPATION: Each Activity Student shall be provided with a copy of the Activity Student Drug Testing Policy and this Student Drug Testing Consent, which shall be read, signed and dated by the Activity Student, parent or custodial guardian, and coach/sponsor, and returned to the school administration *before* such student shall be eligible to practice or participate in any activities. The Activity Student (and parent/guardian if student is under 18) shall sign this Consent *before* beginning practice or participation in any activities. The consent allows Harlowton Public Schools to obtain a urine sample from each Activity Student: a) annually before participation in co and/or extra-curricular activities; b) if chosen by the random selection basis; and c) at any time based on a reasonable suspicion to be tested for illegal drugs.

Student’s Last Name (please print)	First Name	MI
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I have been given, read, and understood the “Student Activity Drug Testing Policy” and this “Student Drug Testing Consent”. I understand that Harlowton Public Schools enforces the rules applying to the use or possession of illegal drugs as defined in the policy. As a member of a co- and/or extra-curricular activity, I realize that the personal decisions that I make daily in regard to the use or possession of illegal drugs may affect my health and well-being, may endanger those around me, and may reflect negatively upon myself, my family, my activity, my school, and my community. If I choose to violate school policy regarding the use or possession of illegal drugs, I understand I will be subject to discipline and restrictions on my participation as outlined in the Policy. I consent to submit to drug testing in accordance with the Student Activity Drug Testing Policy.

Signature of Student	Date
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We have read and understood the “Activity Student Drug Testing Policy” and this “Student Drug Testing Consent”. We desire that the student named above participate in the co- and extra-curricular activities of Harlowton Public Schools. We consent to the implementation and enforcement of the policy, and we agree that the student named above will be subject to the policy and will be required to undergo drug testing in order to participate in school activities. We give our consent to drug testing of this student in accordance with the policy and the procedures implementing the policy. We understand the discipline and restrictions on participation that can be enforced against the student for violations as explained in the policy.

Signature of Parent or Guardian	Date
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Signature of Coach	Team
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Montana Authorization to Carry and Self-Administer Asthma Medication

For this student to carry and self-administer asthma medication on school grounds or for school- sponsored activities, this form must be fully completed by the prescribing physician/provider and an authorizing parent or legal guardian.

Student's Name: _____ School: _____
Sex: (Please circle) Female/Male City/Town: _____
Birthday: ____/____/____ School Year: _____ (Renew each year)

Physician's Authorization:

The above named student has my authorization to carry and self- administer the following medication:

Medication: (1) _____ Dosage: (1) _____
(2) _____ (2) _____

Reason for prescription(s): _____

Medication(s) to be used under the following conditions: _____

I confirm that this student has been instructed in the proper use of this medication and is able to self-administer this medication on his own without school personnel supervision. I have provided a written treatment plan for managing asthma or anaphylaxis episodes and for medication use by this student during school hours and school activities.

Signature of Physician _____ Physician's Phone Number _____ Date _____

Backup Medication - The law provides that if the child's health care provider prescribes "backup" medication to be kept at the school, it must be kept in a predetermined location, known to the child, parent and school staff.

The following backup medication has been provided for this student: _____

For Completion by Parent or Guardian

- As the parent/guardian of the above named student, I confirm that this student has been instructed by his/her health care provider on the proper use of this/these medication(s). He/she has demonstrated to me that he/she understands the proper use of this medication. He/she is physically, mentally and behaviorally capable to assume this responsibility. He/she has my permission to self- medicate as listed above if needed. If he/she has used an auto-injectible epinephrine, he/she understands the need to alert an adult that emergency medical personnel need to be called. If he/she has used his/her asthma inhaler as prescribed and does not have relief from an asthma attack, he/she understands to alert an adult.
- I also acknowledge that the school district or nonpublic school may not incur liability as a result of any injury arising from the self-administration of medication by the pupil and that I shall indemnify and hold harmless the school district or nonpublic school and its employees and agents against any claims, except a claim based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.
- I agree to also work with the school in establishing a plan for use and storage of backup medication if prescribed, as above, by my child's physician. This will include a predetermined location to keep back up medication to which my child has access in the event of an asthma or anaphylaxis emergency.
- Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.
- I understand in the event that the medication dosage is altered, a new "self-administration form" must be completed, or the physician may re-write the order on his prescription pad and I, the parent/guardian, will sign the new form and assure the new order is attached.
- I understand it is my responsibility to pick up any unused medication at the end of the school year, and that medication that is not picked up will be disposed of. .

Parent/Guardian Signature: _____ Date: _____

(Original signed authorization to the school; a copy of the signed authorization to the parent/guardian and health care provider)

06/05

AUTHORIZATION FOR MEDICATION TO BE TAKEN AT SCHOOL

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE PARENT: DATE: _____

CHILD'S NAME _____
Last First Sex Date of Birth

Medical Provider's Name Address Telephone

I request that my child be monitored when taking the medicine(s) described below at school by authorized persons or permitted to medicate herself/himself as also authorized by me and my medical provider (see below)

Date Parent/Guardian Signature Home Phone Emergency Phone

The following section is to be completed by the MEDICAL PROVIDER:

Diagnosis for which medication is given _____

Name of Medicine _____
Form _____

Dose _____

If medicine is to be given DAILY, at what time? _____

If medicine is to be given "WHEN NEEDED"
Describe indications _____

How soon can it be repeated? _____

Is child authorized to medicate herself/himself? _____

List significant side effect _____

Length of time this treatment is recommended _____

Other information _____

Date

Medical Provider's Signature

PERMISSION TO STORE / HANDLE MEDICATIONS

STUDENT NAME _____

GRADE _____ TEACHER _____

MEDICATION _____

POSSIBLE SIDE EFFECTS _____

SPECIAL INSTRUCTIONS (if any) _____

ANTICIPATED # OF DAYS MEDICATION NEEDS TO BE HANDLED/STORED
AT SCHOOL _____

PROPERLY LABELED PHARMACEUTICAL CONTAINER WITH STUDENT'S NAME,
MEDICATION NAME, AND INSTRUCTIONS IS PROVIDED _____

STUDENT HAS BEEN ADMINISTERED THE INITIAL DOSE OF MEDICATION EITHER
AT HOME OR IN A MEDICAL FACILITY AS REQUIRED _____

ARE THERE ANY SPECIAL INSTRUCTIONS FOR STORAGE/CARE TAKING OF
THE MEDICATION? _____

By signing this form, I acknowledge that I have received, have read, understand and agree to the district's conditions for the storage of medications as stated according to policy in the Student Handbook. I also acknowledge that it is my responsibility to provide the medication, and to see that it is available at the school in a timely fashion. I understand that school personnel do not administer medication, but personnel will monitor the student taking his/her medication. Finally, my signature indicates that I give my permission for the student named above to take the medication mentioned herein at school.

Parent/Guardian signature _____

Date signed by Parent/Guardian _____

HARLOWTON PUBLIC SCHOOLS
Harlowton, MT 59036

TO: All Parents and/or Guardians of Harlowton Public School Students
FROM: Randy Durr, Superintendent of Schools
RE: Emergency Procedures for School District #16

School District #16 has updated the Crisis Procedure Manual that is designed to minimize danger to anyone occupying a school should an emergency occur. Our main objective is to attend to the health and welfare of your child/children in the event of a crisis and to see that he/she gets home safely by walking, bus, or transportation provided by parents.

It is impossible to foresee all the possible emergencies, but we have researched the most effective way to use our resources to respond immediately to those emergencies that cannot be avoided. Any disaster will disrupt the "normal" way of doing things. It will cause inconvenience to all of us. The responsibilities are shared by us as school administrators and you as parents.

IN MOST EMERGENCIES YOUR CHILD/CHILDREN WILL REMAIN AND BE CARED FOR AT THE SCHOOL HE/SHE ATTENDS. IN THE RARE EVENT OF AN EMERGENCY AFFECTING THE SCHOOL YOUR CHILD ATTENDS THAT PROHIBITS RE-ENTRY TO THE BUILDING (SUCH AS A BROKEN GAS OR WATER MAIN, A FIRE OR SUDDEN LOSS OF UTILITIES IN BAD WEATHER) STUDENTS AND STAFF WILL BE MOVED IMMEDIATELY TO THAT SCHOOL'S ALTERNATE SITE.

We ask you to follow this procedure if you hear rumors of any school emergency:

1. TURN ON YOUR RADIO. We will keep the media accurately informed of any emergency.
2. PLEASE DO NOT TELEPHONE THE SCHOOL. Any emergency involving your child's school may mean emergency vehicles and disaster workers must be able to get to the building. If the emergency necessitates relocation of staff and students, follow these instructions:
 - a. If for any reason, Hillcrest Elementary must be evacuated during regular school hours, your child will be taken to and cared for at a location announced through Infinite Campus.
 - b. If for any reason, Harlowton High School must be evacuated during regular school hours, your child will be taken to and cared for at a location announced through Infinite Campus.
 - c. Stay tuned to the radio for updated, accurate reports and information about when and where to pick up. (KGHL-790, TV-KSVI, KTVQ, KULR8, KCTR-102.)

**PLEASE GLUE THIS INFORMATION INSIDE THE COVER OF YOUR PHONE
BOOK FOR EASY REFERENCE.**

It's everything Harlowton Public Schools,
in your pocket.



News



Staff



Events



Alerts



Documents



Dining



Download the **Harlowton Public Schools** app
from the iOS App Store or Android Play Store
and enable Notifications.

