

BELOIT JUNIOR/SENIOR HIGH SCHOOL

Student's Full Legal Name:		
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Student's Email Address:	
Social Security #:	Grade:	Birthdate:
Previous School name:		Does the student have an IEP?
Has the Student ever attended Beloit Schools before?		If yes, years attended:
Has the Student ever attended school out of state?		If yes, re-entry date to Kansas Schools:
Do you live more than 2.5 Miles from school? _____ YES _____ NO		
If yes, how many miles from school do you live? _____		
Will your child ride a bus? _____ YES _____ NO		

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)

Part A:	<p>Is this student Hispanic/Latino?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>(If yes, circle the one that best applies- Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)</p>
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The above part of the question is about ethnicity, no race. No matter what you selected above, **Please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be

Part B:	<p>What is the student's race? (Choose one or more)</p> <p><input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American(including Central America), and who maintain tribal affiliation or community attachment.)</p> <p><input type="checkbox"/> 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.)</p> <p><input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.)</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</p> <p><input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</p>
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On which date did your child first enroll in school in the USA _____

What language did your child first learn to speak/use? English _____ Spanish _____ Other _____

What language does your child most often speak/use at home? English _____ Spanish _____ Other _____

What language do you most often speak/use with your child? English _____ Spanish _____ Other _____

What language do the adults at home most often speak/use? English _____ Spanish _____ Other _____

First Family/Guardian Name(s):		
Home Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Employer:	Work Phone:	
Email Address:		

Second Family/Guardian Name(s):		
Home Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Employer:	Work Phone:	
Email Address:		

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact:

Name:	
Relationship to student:	
Home Phone:	Work Phone:
Doctor:	Phone:
Dentist:	Phone:

I attest that the information contained herein is correct to the best of my knowledge.

(Legal Parent/Guardian Signature)	(Date)
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Beloit Junior-Senior High School
2015-2016 Enrollment Fees

Name _____ Grade _____

TEXTBOOK FEE \$35.00 _____

LUNCH (\$2.70 each)

20 Meals \$54.00 _____

BREAKFAST (\$1.50 EACH)

20 Meals \$30.00 _____

ACTIVITY TICKETS

Student \$20.00 _____

Family \$65.00 _____

CLASS DUES

Seniors-2015 \$10.00 _____

Juniors-2016 \$20.00 _____

Sophomores-2017 \$10.00 _____

Freshman-2018 \$10.00 _____

TOTAL AMOUNT DUE _____

AMOUNT PAID _____

RECEIPT # _____

COMPUTER ACCEPTABLE USE POLICIES

It is the intention of Beloit Junior - Senior High School to provide access for students and staff to state-of-the art computer technology, electronic mail and the World Wide Web via the Internet. All users must share the responsibility for seeing that these facilities are used in an effective, efficient, ethical and lawful manner. It is expected that all students will comply with this policy.

Users are responsible for adhering to the following guidelines:

- Users will respect the integrity of the computer and network system. The computer systems are set up by the system administrator and are not to be altered in any way.
- Users will display appropriate conduct and observe the rules of "Netiquette". Users will respect the rights and privacy of others and not gain unauthorized access to resources of others or vandalize the data or another person or entity.
- E-Mail messages sent to others must be signed by the sender and must use appropriate language which is not abusive, profane or offensive. E-mail will not be used to distribute hate mail, make discriminatory remarks or exhibit antisocial behavior.
- Users will respect the legal protection provided by copyright license to program, books, date, articles, photography, artwork, etc.
- The Internet will be used in support of education and research consistent with the policies of the District including assessing, saving, or using only appropriate language, graphics or text. Users agree not to access/transmit materials which are obscene/pornographic, terroristic or considered offensive.
- The computer network / Internet will be used only for lawful and school related purposes. Use of the computer network / Internet for illegal activities, commercial purposes, posting anonymous messages or advertising is strictly prohibited.
- The computer network / Internet is not to be used for "chat" areas and gaming zones.
- The users agree to the following equipment / lab guidelines;

Adhere to general printing and file-saving instructions; use equipment with care and keep the lab / computer area clean and orderly; use only software which has been assigned by staff; report equipment or software problems to a staff member; leave all computer materials and equipment in the lab / computer area; and keep all food and drinks out of the lab / computer area.

STUDENT NAME (S) _____
First and last name (s) please

As a parent or guardian of the named student (s), I have read the Acceptable Use Policy detailed on this page and agree to the guidelines as specified.

Parent or Guardian Signature

Date

As a student at Beloit Junior-Senior High School, I have read the Acceptable Use Policy detailed on this page and agree to the guidelines as specified.

Student Signature

Date

Student Signature

Date

Student Signature

Date

Student Signature

Date

Please return the signed agreement to your students' counselor.

Unified School District No. 273
Mitchell County
P.O. Box 547 BELOIT, KANSAS 67420
Ph. 785-738-3261 Fax 785-738-4103
e-mail: beloitschools@usd273.org

DAMAGE TO OR DESTRUCTION OF SCHOOL PROPERTY

[From Policy JCDA]

A student shall not intentionally cause or attempt to cause damage to school property or steal or attempt to steal school property. In addition, the destruction, loss, or damage of school property that is either rented, loaned or assigned to the student, will result in the student being held responsible for the repair or replacement charges. Rented or loaned school property shall include but not be limited to things such as gym equipment, textbooks, library books, athletic uniforms, etc. Repeated damage or theft involving school property also shall be a basis for long-term suspension or expulsion from school.

In lieu of textbook rental and other fees related to the academic program, and in accordance with Unified School District No. 273 Police JCDA, I understand that I am responsible for repair or replacement charges for any destruction, loss, or damage to school materials that have been rented, loaned, or assigned to my son/daughter.

PARENT SIGNATURE

STUDENT SIGNATURE

DATE

2015-2016 SCHOOL YEAR

BELOIT JR-SR HIGH SCHOOL will offer an activity ticket plan. Four different options are available. If interested, please select the plan that is best suited for you and your family and complete the necessary information. These tickets may not be used for Kansas State High School Play-off games (district, sub-state, or regional events), NCAA tournament game and the following special school event: the Beloit Relays, the school musical, the school play and Trojan Tribute.

- 1. A Family Ticket - \$65.00 – the family ticket includes immediate members of the family (parents and their children, pre-school age and school age K-12).

Please list members of the family to be included on this ticket:

_____	_____
_____	_____
_____	_____
_____	_____

- 2. Individual Adult Ticket \$32.50 – Will allow an individual to attend school activities for the year.

Ticket issued to:

- 3. Student Activity Ticket - \$20.00 – this ticket maybe used by a student throughout the year.

Student or Students name: _____

_____	_____
_____	_____

- 4. Senior Citizen’s Courtesy Pass – this pass may be obtained at the USD 273 District Office.

UNIFIED SCHOOL DISTRICT 273

HEALTH HISTORY FORM

2014/15 Year

This form should be filled out by the child's parent or legal guardian. Return the completed to your child's school nurse.

Name of Child: _____ Date of Birth: _____ Sex: Male Female Grade: _____

MEDICAL HISTORY

Health concerns: Does your child have any health concerns the nurse needs to be aware of? Yes No
If YES, please describe: _____

Can your child participate in all school activities? Yes No

Allergies: Does your child have allergies? Yes No
If YES, what is your child allergic to? _____

Does your child carry an EpiPen? Yes No

Medication: Does your child currently take medications? Yes No
If YES, what medicine and dosages (may write on back of form)? _____

Past medical history: Does or has your child received medical care of any of the following: Yes No
 Asthma Diabetes Kidney Disease Orthopedic Seizure
 Heart Disease ADHD/ ADD Concussion/Head Injury Other _____

MEDICAL PROVIDER INFORMATION

Primary care provide: Name & Phone # _____ Last Visit Date _____

Dentist: Name & Phone # _____ Last Visit Date _____

Optometrist: Name & Phone # _____ Last Visit Date _____

Specialist/Other: Name & Phone # _____ Last Visit Date _____

Families are expected to provide coverage to meet the needs of their student. Families may choose to purchase a supplemental **STUDENT ACCIDENT INSURANCE** through the school. You may obtain applications from School Office. Applications for the **KANCARE are available from your school nurse, health department, and doctor's office or online at <http://www.kancare.ks.gov/index.htm>**

PARENT/GUARDIAN CONSENT

The school nurse has permission to give my child the following **over-the-counter medications**:
We will request parents/guardian to bring medication to be stored in nurse office if we give over 3 dosages during school year.

Please mark or check medications' that approved to dispense by nurse or delegated staff

- | | |
|--|--|
| <input type="checkbox"/> Acetaminophen (same ingredient as TYLENOL) | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Ibuprofen (same ingredient as ADVIL) | <input type="checkbox"/> Aloe Vera or Burn Spray for burns |
| <input type="checkbox"/> Triple Antibiotic Ointment | <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Calamine Lotion or Anti-itch spray for rash | <input type="checkbox"/> TUMS |

VACCINATIONS

Has your child received any recent vaccinations? Yes No

If YES, please list and provide a copy of report: _____

Statement of Consent: This information will be held in confidence and disclosed to school personnel to the extent necessary to protect the health of the student. In order to better serve the health needs of my child, I hereby give permission for the transfer of health information to school and other appropriate health professionals, including immunizations status to state and local authorities as requested. I authorize school personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, this may be obtained.

Parent/Guardian Signature: _____ Print Name Here: _____ Date: _____



BELOIT JUNIOR SENIOR HIGH SCHOOL

1711 N. WALNUT, P.O. BOX 606
BELOIT, KS 67420
TELEPHONE (785) 738-3593
FAX (785) 738-5566



JEFF TRAVIS, SUPERINTENDENT

CASEY SEYFERT, PRINCIPAL

KYLE BEISNER, A.D./ASSISTANT PRINCIPAL

Dear Parents:

Our school administers the *Kansas Communities That Care Student Survey** each year in December/January. This survey is taken by 6th, 8th, 10th and 12th grade students statewide. We believe this survey is a valuable tool to help us understand how students perceive things like substance use and bullying. It gives us insight into the problems students face and shows what we can do to help them succeed. The information is essential to local and state grant funding and to planning effective prevention programs in our school and community.

The survey is available to view at <http://tiny.cc/kctcsurvey>
You may also be interested to know the following:

1. **It is completely anonymous.** Students will not be asked for their names on the questionnaire, nor will anyone be able to connect any individual student with his/her responses. School staff will not see any one student's responses, but only summaries of results. To further guarantee anonymity, results will not be reported on any particular question without sufficient response from enough students.
2. **Participation is entirely voluntary.** Your child may decline to participate in the survey, or may simply skip any particular question they do not wish to answer.
3. **Annual participation is important.** Even if your child has participated in previous surveys, annual data is extremely helpful in determining the effectiveness of previous efforts and changes in program areas.

I hope you will allow your child to participate. Please check the appropriate box below. Thank you in advance for your cooperation.

Sincerely,

Brennan L. Eilert
BJSHS Counselor
beilert@usd273.org

Please check one:

- Yes, I give permission** for my child to participate in the *Kansas Communities That Care Student Survey*.
- No, I do not give permission** for my child to participate in the *Kansas Communities That Care Student Survey*.

Signature of Parent/Guardian

Printed Parent/Guardian Name

Printed Name of Child

Date

*The survey is provided by the Kansas Department for Aging and Disability Services Behavioral Health Services and administered by the Southeast Kansas Education Service Center Grants and Evaluation Department.

**INFORMATION ON PARENTAL RELEASE FORM
PUBLICATIONS AND WEB PAGE**

Dear Parent or Guardian:

During the course of a school year, a student's name, photograph, personal artwork, personal writing, awards received and/or information about the student's participation in school-related activities may be submitted for publication in print, examples, such as area newspapers, the "Trojan Times", Beloit Call, District Newsletter or on our website <http://www.usd273.org>.

The school district is not responsible for actions of the news media in gathering information or in seeking to interview students where the media has not requested information through the school.

Please review the attached parental release form and mark your choice with respect to publishing permission. We must have a release form on file for all students attending school in the USD 273 district.

_____ YES, I GIVE PERMISSION for USD 273 to publish my child's/children's name(s), photograph(s), and/or personal work in any of the following venues: 1) any print media, 2) on the district website.

_____ NO, I DO NOT GIVE MY PERMISSION for USD 273 to publish my child's/children's name(s), photograph(s), and/or personal work in any print media or on the district's website.

DATE _____

STUDENT'S NAME _____

Grade _____

STUDENT'S NAME _____

Grade _____

STUDENT'S NAME _____

Grade _____

STUDENT'S NAME _____

Grade _____

STUDENT'S NAME _____

Grade _____

ATTENDANCE CENTER - Beloit Junior/Senior High School

PARENT OR LEGAL
GUARDIAN'S SIGNATURE _____



CASEY SEYFERT, PRINCIPAL

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BELOIT, KS 67420

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JEFF TRAVIS, SUPERINTENDENT



KYLE BEISNER, A.D./ASSISTANT PRINCIPAL

Beloit High School Chromebook Agreement

USD 273 and Beloit High School believe in the importance of technology in the educational system. The 1:1 Chromebook agreement with the students is a critical piece that will ensure that the students of Beloit High School will have the opportunity to further advance their education.

Agreement:

One Chromebook, charger and case will be checked out to each high school student. The equipment will remain the property of the district and the agreement can be revoked for inappropriate use. Students are financially responsible for all damages/loss of equipment.

Responsibility:

Students are required to keep and care for the equipment. The expectation exists that the students will keep the Chromebook in its case and stored in an acceptable environment. The Chromebook is expected to be taken care of appropriately and any problems need to be reported to the technology director immediately.

If a student withdraws from the high school, they will be required to turn in their Chromebook prior to the transfer of their information to another school.

Students are not to deface their Chromebook in any way. (stickers, markers, tags, etc.)

Students are required to follow all rules relating to technology in the district. These include but are not limited to: Acceptable use policy for the district, classroom rules, copyright laws, student handbook guidelines and all local, state, and federal laws.

In the event that a Chromebook is lost/stolen, the parent/guardian is required to notify a school official immediately and also to file a police report. A copy of the report should be submitted to the school.

Liability:

Chromebooks that are damaged due to student negligence or accident will be repaired at the expense of the student. ALL repairs will be performed by the school – not the student/family.

Students may install appropriate personal apps on their Chromebook but this must be done outside of the school day. All content must be school appropriate.

The Chromebooks will remain property of USD 273 and may be collected by the school and searched for inappropriate materials, pictures, or activities at any time.

Time Frame:

Chromebooks will be checked out for the length of the school year.



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KYLE BEISNER, A.D./ASSISTANT PRINCIPAL

Parent Responsibilities:

Your student has been issued a Chromebook to advance and supplement their education this year. Before a student is assigned a Chromebook for the first time, the parent/guardian and student will need to attend an orientation meeting. Parents who do not attend the meeting must watch a power point presentation with their student explaining the policies that apply to the Chromebook assigned to their student. A student will not be assigned a Chromebook until the parent/guardian has been informed of the policies and signed the agreement.

It is essential that the following guidelines be followed to ensure the safe, efficient and ethical operation of this Chromebook.

1. I am responsible for supervising my child's use of the Chromebook off school time.
2. I will discuss our family's values and expectations regarding the use of the internet, email and camera at home.
3. I will supervise my student's use of the internet and email.
4. I will not attempt to repair the Chromebook, nor will I attempt to clean it with anything other than a soft dry cloth.
5. I will report to the school any problems with the Chromebook.
6. I will not load, reconfigure or delete any software that has been installed on the Chromebook by the School District.
7. I will make sure my student recharges the Chromebook battery nightly.
8. I will make sure my student brings the Chromebook to school every day.
9. I agree to make sure that the Chromebook is returned to school when requested or upon my child's withdrawal from the Beloit School District.

Parent/Guardian Name Printed

Date

Parent/Guardian Signature



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KYLE BEISNER, A.D./ASSISTANT PRINCIPAL

Student Responsibilities:

The Chromebook is an important educational tool and is to be used for educational purposes only. If the district has knowledge of a student breaking any law the district is obligated to notify the appropriate authorities. In order to check out the Chromebook, students must be willing to accept the following responsibilities.

1. I will treat the Chromebook with care at all times.
2. I will not lend the Chromebook to anyone and it will stay in my possession at all times.
3. I will not remove programs or files from the Chromebook.
4. I will not give out personal information when using the Chromebook.
5. I will keep the Chromebook in its protective case at all times.
6. I will reserve 2 GB of storage at all times for addition of educational tools.
7. I will bring the Chromebook to school each day fully charged.
8. I will make sure that all communication is appropriate.
9. I will keep all accounts and passwords assigned to me secure, and will not share these.
10. I will not attempt to repair the Chromebook.
11. I will return the Chromebook when requested and upon my withdrawal from USD 273.

The student acknowledges that his/her use of district property is a privilege and that by agreement to the terms hereof, it is his/her responsibility to protect and safeguard the equipment and to return the property in acceptable condition upon request by the Beloit School District.

Student Name Printed

Date

Student Signature

BELOIT JUNIOR SENIOR HIGH SCHOOL

TELEPHONE - 785-738-3593

FAX - 785-738-5566

1711 N. WALNUT
BELOIT, KANSAS 67420-0606

CASEY SEYFERT, PRINCIPAL
KYLE BEISNER, ASSISTANT PRINCIPAL / A.D.

WELCOME TO BELOIT JUNIOR-SENIOR HIGH SCHOOL

The following information and guidelines will assist you in the enrollment procedure. Please read the Student Schedule and family information sheet, then proceed to complete these tasks:

1. You may pick up an optional physical examination form that must be on file prior to the first day of athletic practice.
2. Review the personal portion of the Student Schedule and family information sheet and make any **corrections** if necessary. Mr. Duntz and Mrs. Eilert will assist you with any questions you have concerning the class schedule.
3. You have been assigned a locker. Write the combination numbers in the following procedure outline:



- A. Locker Number _____.
- B. Turn **RIGHT** two or more whole turns and stop at _____.
- C. Turn **LEFT** one whole turn past the above number and stop at _____.
- D. Now turn **RIGHT** and stop at _____. **LIFT HANDLE.**

5. All cars are to be **legally** parked in the student section. All cars need to have their Parking Permit No. sticker in the bottom left corner of the rear window of their vehicle.



6. Lunch tickets are available for \$2.70 per lunch. You may bring your own lunches. You must eat and remain in the lunchroom with your class. Breakfast will also be served. The charge will be \$ 1.50 per meal.



7. Parents are encouraged to sign up for Family Access which allows them to monitor their students progress, assignments, lunch accounts, grades, etc., through any internet connection. Forms are available at the office.

Annual Notice of Authorized Student Data Disclosures

In accordance with the Student Data Privacy Act and board policy IDAE, student data submitted to or maintained in a statewide longitudinal data system may only be disclosed as follows. Such data may be disclosed to:

- The authorized personnel of an educational agency or the state board of regents who require disclosures to perform assigned duties; and
- The student and the parent or legal guardian of the student, provided the data pertains solely to the student.

Student data may be disclosed to authorized personnel of any state agency, or to a service provider of a state agency, educational agency, or school performing instruction, assessment, or longitudinal reporting, provided a data-sharing agreement between the educational agency and other state agency or service provider provides the following:

- Purpose, scope and duration of the data-sharing agreement;
- Recipient of student data use such information solely for the purposes specified in agreement;
- Recipient shall comply with data access, use, and security restrictions specifically described in agreement; and
- Student data shall be destroyed when no longer necessary for purposes of the data-sharing agreement or upon expiration of the agreement, whichever occurs first.

*A service provider engaged to perform a function of instruction may be allowed to retain student transcripts as required by applicable laws and rules and regulations.

Unless an adult student or parent or guardian of a minor student provides written consent to disclose personally identifiable student data, student data may only be disclosed to a governmental entity not specified above or any public or private audit and evaluation or research organization if the data is aggregate data. "Aggregate data" means data collected or reported at the group, cohort, or institutional level and which contains no personally identifiable student data.

The district may disclose:

- Student directory information when necessary and the student's parent or legal guardian has consented in writing;
- directory information to an enhancement vendor providing photography services, class ring services, yearbook publishing services, memorabilia services, or similar services;
- any information requiring disclosure pursuant to state statutes;
- student data pursuant to any lawful subpoena or court order directing such disclosure; and
- student data to a public or private postsecondary educational institution for purposes of application or admission of a student to such postsecondary educational institution with the student's written consent.

As the parent or legal guardian of _____ I acknowledge that I have been provided with notice of authorized student data disclosures under the Student Data Privacy Act.

Parent Signature

Date