



**RESIDENTIAL PARENT/GUARDIAN (Complete only if LIVING with student)**

**Parent/Guardian 1**

Last Name		First Name		
Relation to Student	Email Address	Employer		
Home Address (if different than above)		City	State	Zip Code
Mailing Address (if different than home address)		City	State	Zip Code
Home Phone	Work Phone	Cell Phone		

**Parent/Guardian 2**

Last Name		First Name		
Relation to Student	Email Address	Employer		
Home Address (if different than above)		City	State	Zip Code
Mailing Address (if different than home address)		City	State	Zip Code
Home Phone	Work Phone	Cell Phone		

**NON-RESIDENTIAL Parent/Guardian Information**

**Parent/Guardian 1**

Last Name		First Name		
Relation to Student	Email Address	Employer		
Home Address (if different than above)		City	State	Zip Code
Mailing Address (if different than home address)		City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Copy of Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Parent/Guardian 2**

Last Name		First Name		
Relation to Student	Email Address	Employer		
Home Address (if different than above)		City	State	Zip Code
Mailing Address (if different than home address)		City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Copy of Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMERGENCY CONTACT (Other than Parent/Guardian Contacts already listed)**

**Contact 1**

Last Name		First Name
Relation to Student		
Home Phone	Work Phone	Cell Phone

**Contact 2**

Last Name		First Name
Relation to Student		
Home Phone	Work Phone	Cell Phone

**QUESTIONS FOR PARENTS**

Has student ever received service from or been involved in: (check all that apply):

Special Education     
  Title 1     
  Reading Tutor     
  Section 504     
  Speech Therapy

Current IEP     
  Behavior Management     
  Counseling     
  Gifted Program

Medical/Allergies Concerns:  
 Provide medical documentation

Have you been engaged in migrant work in the last years? <input type="checkbox"/> Yes three <input type="checkbox"/> No	Has student immigrated to the United States *if yes: date first enrolled in US School: <input type="checkbox"/> Yes* <input type="checkbox"/> No
Has this student ever been under long term suspension/expulsion or been suspended/expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there any other information that would help us better serve your student?</b>
<b>Legal Bindings:</b> Please list any legal binding information, including restraining orders, custody agreements that are pertinent to this student and his/her safety: (copy of the legal documentation is required).	
<b>Dependent of Active Duty Military Member:</b> Is this student the dependent of an active duty military member? If so: Name of Military Member: _____ Relationship: _____ <input type="checkbox"/> The US Military (Army, Navy, Air Force, Marines, or Coast Guard) <input type="checkbox"/> Active Duty National Guard <input type="checkbox"/> Active Duty Reserve Force of the US Military <input type="checkbox"/> Transitioning out of Active Duty to National Guard or Reserve	

**All information provided above is complete and accurate to the best of my knowledge.**

*Parent/Guardian signature (required)*

*Date*

**TECHNOLOGY USER AGREEMENT  
and DEVICE CHECK-OUT FORM  
FORSYTH SCHOOLS**

**Student use of Forsyth Public Schools technology and network, as well as, check out of a district-owned computer, tablet or device requires parent approval.**

**Guidelines**

- 1) I grant permission for my child to check out a computer, tablet or other device for academic use at school. Devices will stay at school unless at home use is approved by the District administrator.
- 2) I assume responsibility for the repair and or replacement of the computer, tablet or other device for any negligent or intentional damage done while it is in my child’s possession. Negligent or intentional damage will be determined upon an investigation by the teacher(s) and Principal. Each child will have one device assigned to them for the duration of the replacement cycle as outlined below.
- 3) I assume responsibility for any unauthorized use of the computer, tablet or other device while it is in my child’s possession as outlined in District Policy (3612, 3612P) District-Provided Access to Electronic Information, Services and Networks and the Acceptable Use of Electronic Networks. and If the device is approved to take home, I will supervise its use to ensure the computer, tablet or other device is used only for academic or other purposes as assigned by school staff and in accordance with District Policy (3612, 3612P) and the technology agreement.
- 4) I will assume responsibility to pay for the repair and/or replacement of district software for any damage done as a result of my child’s misuse of the computer, tablet or other device. Examples of this may include, but are not limited to, an introduced virus or damage due to hacking or changing code.

<b><u>School District Damaged/Lost Device Costs</u></b>	<b><u>Device Replacement Cycle</u></b>		
Charging Cord (\$25 each)	K-1	Tablets	3 years
Damaged Screen (\$100 each)	2-6	Chromebooks	4 years
Damaged Chromebook/Tablet	7-9	Chromebooks	3 years
other than screen (\$50.00 each incident).	10-12	Chromebooks	3 years
Lost Device or Broken Beyond Repair -- Full Replacement Cost \$370 for Chromebook or \$230 for Tablet			

# TECHNOLOGY USER & DEVICE CHECKOUT AGREEMENT FORM

## STUDENT RESPONSIBILITY

I agree to follow the rules concerning the use of technology and assigned devices in the Forsyth School District including the rules for bringing my own device. I understand that if I do not follow the rules, I will receive disciplinary actions which may include the loss of technology use.

\_\_\_\_\_  
Student's Name Printed

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## PARENT/GUARDIAN RESPONSIBILITY

As a parent or guardian of this student, I have read and AGREE to the provisions of this agreement. I understand that it is impossible for the Forsyth School District to restrict access to all controversial or inappropriate materials, and I will not hold the District responsible for materials acquired on the network.

### CHECK ONE

I hereby give permission for my child to access District Technology Resources and receive a one-to-one computing device from the District as defined in this document.

I hereby give permission for my child to access District Technology Resources, but **OPT OUT** of receiving a one-to-one computing device from the District. Instead, I will be responsible for providing my child with a device. As a parent, I understand my child will be responsible for abiding by School Policies 3612, 3612P and 3620.

I hereby give permission for my child to access District Technology Resources, but **OPT OUT** of receiving a one-to-one computing device from the District. Instead, my child will check-out older computing devices from the school library. I realize my child may have limited computer access, as these devices are provided on a first come, first served, basis and must be checked out for no more than one period at a time in the 7-12 building, or as needed in the K-6 building.

\_\_\_\_\_  
Parent or Guardian Printed Name

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

*If this form is not signed and returned, students will lose access to the school network resources including Internet, student files, email, Google Classroom, etc.*

## FORSYTH PUBLIC SCHOOLS STUDENT HANDBOOK

The Student/Parent Handbook and Activities Handbook is available via our website at [www.forsythpublicschools.org](http://www.forsythpublicschools.org) under the *Resources* tab. Please review the handbook carefully with your student and contact your child's school with any questions or concerns you may have. By signing and returning this form you acknowledge you have read and understand all the material contained in the student handbook.

PLEASE NOTE: Federal law requires that "directory information" on your child be released by the District to authorized individuals such as the Montana Office of Public Instruction or other required Federal educational entities. However, if a parent would prefer their child not be included in athletic programs, newspaper articles, the school website, yearbook or other publications, they may **object in writing** to the release of any or all of this information. This objection must be filed in the High School or Elementary office by separate document within ten (10) school days of receipt of this handbook by your child. Typical directory information includes the student's name officially recognized activities and sports, weight and height of members of athletic teams, photographs, grade level, and awards received in school. This limited information may be included in classroom websites, newspaper articles, the yearbook, the Forsyth Public Schools website, athletic websites where game film is posted for recruiting purposes and social media.

I have read the Forsyth Public Schools Student/Parent Handbook and the Activities Handbook. I understand I am responsible for all materials contained therein and agree to abide by these policies established by the Forsyth School Board for the school year.

Parent or Guardian Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Disclosure of Information

Disclosure of immunization information by schools is covered by the Family Educational Rights and Privacy Act (FERPA). (45CFR 164.501)

## Permission Statement

Immunization information on \_\_\_\_\_  
(Student's Name)

Will be shared with the local public health department (*Rosebud County Public Health Department*) and/or entered into the electronic data system, *imMTrax*. This information will be shared with healthcare providers to help prevent both over and under-immunization and to develop one consolidated vaccine record for the child. The intent of an electronic immunization registry is to provide a complete and permanent immunization record for your child.

I give my permission for my child's vaccine information:

\_\_\_\_\_ To be shared with the Rosebud County Public Health Department.

\_\_\_\_\_ To be entered into the statewide database, *imMTrax*.

X

\_\_\_\_\_  
(Student's Full Legal Name ~ Please print)

\_\_\_\_\_  
(Date of Birth)

X

\_\_\_\_\_  
(Student's Mother's Maiden Name)

\_\_\_\_\_  
(Phone Number)

X

\_\_\_\_\_  
(Mailing Address)

X

\_\_\_\_\_  
(Parent/Guardian Name ~ Printed)

\_\_\_\_\_  
(Signature or Parent/Guardian)

\_\_\_\_\_  
(Date)