

STUDENT INFORMATION

_____	_____	_____	_____	_____
Last Name	First Name	Date of Birth	Age	Grade
_____		_____	_____	
Address		City	Zip Code	
_____	_____	_____	_____	
Father / Guardian First & Last Name	Employer Name / Number	Home Phone	Cell Phone	
_____	_____	_____	_____	
Mother / Guardian First & Last Name	Employer Name / Number	Home Phone	Cell Phone	
_____		_____		
Father's E-Mail Address		Mother's E-Mail Address		

AUTHORIZATION TO PICK UP STUDENT FROM SCHOOL

Please provide the name and numbers for individuals who can assume temporary responsibility for your child.

_____	_____	_____	_____
Local Friend or Relative	Relationship	Home Phone	Cell Phone
_____	_____	_____	_____
Local Friend or Relative	Relationship	Home Phone	Cell Phone
_____	_____	_____	_____
Local Friend or Relative	Relationship	Home Phone	Cell Phone

MEDICAL INFORMATION (Circle your answers and fill in as needed)

Specify any known health problems, including allergies: _____

Is your child on daily medication that needs to be given during school hours? Yes No If Yes, you must fill out a Medication Consent Form in the office.
 Has your child had any surgery, accidents, or illness in the past year? Yes No If Yes, please explain:

Please specify any special concerns the school needs to know about: _____

Has your child had Chicken Pox? Yes No If Yes, Date: _____

I give permission to the staff of ESC to administer the following medications in accordance with the recommended dose for the student's age:

TYLENOL Yes No **TUMS** Yes No **COUGH DROPS** Yes No

_____ _____ _____
 Student's Physician Physician's Phone Number Preferred Hospital

I the undersigned parent / guardian, give my consent for the above named child to be released to the friend / relative I have designated and / or be taken to the nearest hospital in case of an emergency. Treatment in the emergency room *will require* your presence.

_____ _____
 Parent / Guardian Signature

_____ _____
 Date

2011-2012 TEACHER / PARENT / STUDENT COMPACT

HANDBOOK ACKNOWLEDGEMENT

Please initial next to each subject to indicate that you have read and understand the guidelines in the 2011 / 2012 ESC Handbook.

<p>ESC BEHAVIOR CONDUCT</p> <p>I have read and understand the three sections. I agree to work with the Staff and support this compact.</p>	<p>_____ Cottage Placement</p> <p>_____ Field Trips</p> <p>_____ Directory Information</p> <p>_____ Essential Skills Attainment</p> <p>_____ Release Authorization</p>	<p>_____ Dress Code</p> <p>_____ Emergency Contact Card</p> <p>_____ Illness & Medication</p> <p>_____ Confidentiality Information</p> <p>_____ Exceptional Students Information (ELL, SpEd, Gifted, Title I)</p>
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_____	_____
Parent / Guardian Signature	Date
_____	_____
Student Signature	Date

PLEDGE OF INTERNET RESPONSIBILITY

ESC 's Internet Acceptable Use Policy

Student Agreement:

I accept responsibility for my own actions and will use the ESC network in an honorable manner. I understand and will abide by ESC's Internet Acceptable Use Policy (AUP). I further understand that any violation will result in the loss of access privileges and in school disciplinary action.

Parent / Guardian Agreement:

I have read the Rules and Regulations for Internet Acceptable Use and understand that this access is designed for educational purposes only. I also recognize that it is impossible to restrict access to all objectionable material; I understand and accept the risk of possible exposure to inappropriate material. I accept full responsibility for my child's compliance with the Rules and Regulations and give my permission for my child to use the ESC network.

_____	_____
Parent / Guardian Signature	Date
_____	_____
Student Signature	Date

If you choose not to sign, your child will only be allowed to use specific programs designated by the teacher, i.e. Microsoft Word, Star assessments, EDUSS curriculum, and off-network software.

2011-2012 STUDENT EXCLUSION FORM

I understand this waiver applies only for the current school year, 2011-2012, and must be renewed annually. I also understand this does not apply to photographs or video images taken at public events (such as athletic events, graduation ceremonies, and other school activities open to the public). Neither does it apply to normal school activities where photographs or other video images may be taken by ESC as a part of normal school activities for public relations use by the school.

At this time, I **do not** want my student _____, at ESC, to be interviewed or photographed by the media without my prior permission. In Addition, I do not give my permission for my child to be videoed or photographed for use on school and /or educational websites.

_____ I give permission for my child, _____, to be interviewed by the media.

_____ I give permission for my child, _____, to have his/her picture to be used on the ESC website, yearbook, newsletters, etc.

_____	_____
Parent / Guardian Signature	Date