



WATCH D.O.G.S. REGISTRATION FORM (Dads Of Great Students)



School Name: _____

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Phone(s) Home: _____ Cell Phone: _____ Work: _____

Place of Employment: _____

Emergency Contact Person: _____ Phone: _____

Relationship to You: _____

Do You Have Any Health Considerations You Would Like Us to Be Aware Of:

Child's Name(s) & Grade (s):

List Any Special Skills, Talents, or Languages You Speak That May Benefit the Program:

Please be sure to completely read and complete the other side of the registration form before turning it in to your child's school. Thank You for wanting to be a part of the WATCH D.O.G.S. DADS Program.

(OVER)

VOLUNTEERS IN OLATHE SCHOOLS

The Olathe School District promotes volunteers in our schools.

The following information will help make your assistance a positive experience for you and our students.

- Please complete an application and wait to be contacted by the school.
- All Volunteers sign in and wear building or district-issued identification at all times during volunteer activities, as do district employees.
- Volunteers keep information obtained regarding student personal information in strict confidence. Federal regulations prohibit volunteer access to student records.
- Volunteers work with students under the direct supervision of USD #233 teacher or staff members at all times.
- Volunteers are positive role models. A school volunteer must always: use appropriate language; discuss age-appropriate topics; refrain from inappropriate touching students; refrain from disciplining students (behavior needed discipline should be directed to the appropriate teacher or staff member); and refrain from giving students gifts, rewards, or food items without the teacher's permission.
- Volunteers know that Olathe District Schools are smoke, alcohol, and drug-free.

REASONS FOR DISQUALIFICATION

- Felony convictions or commission of a felony in past 10 years.
- Conviction and/or commission of a Class "A" or "B" misdemeanor within past 5 years.
- Currently on probation, parole or diversion.
- Use of any illegal drug within past 10 years or the sale/manufacture of a controlled substance at anytime.
- No contact order or a protection from abuse order.

(Applicant's Signature)

(Date)

Please Return Form to the School Via One of These Options:

1. **FAX** to School at: **913-780-7559**
2. **Mail** to: **Meadow Lane Elementary School**
21880 College Blvd, Olathe, KS 66061
3. Drop at the **school office** or **send to school with your child(ren)**.
4. If you have questions, please contact **Principal, Brian Lowe, 913-780-7550**