

Permission to Release Records To:
Forrest M. Bird Charter School

614 South Madison Avenue, Sandpoint ID 83864
208-255-7771 Phone * 208-263-9441 Fax

Student Information: Please Print

Student's First Name

Middle Name

Last Name

Current Mailing Address

Home Phone

Date of Birth

Person Submitting Application

To aid in the successful transition of this student, please
Fax the following documents to (208)263-9441.

- Official transcript
- Copy of Immunization Records
- Copy of Birth Certificate
- Special Education Records

Information to be transferred from:

School Name

City/ State/ Zip

Phone/ Fax

Authorizing Signature

Date

*Valid only if signed by the Office Coordinator or the Parent/Legal Guardian of the above mentioned student.



Primary Email Information

We send email announcements to alert families of important news and events. This is one of our most effective forms of communication. If possible, please provide the best email address to communicate with you and to assist us in this effort:

**Reminder: As with phone and address changes, don't forget to keep us posted on any email changes.*

Authorization to Use Pictures for Publicity Purposes

Periodically, students are photographed participating in FBCS activities. These photographs may appear in the FBCS newsletter, on the FBCS website, in brochures or in other informational/promotional material. Please indicate below if your student's photograph may be used for these purposes.

Yes, my student's photograph may be used for publicity purposes of all kinds and types related to the promotion of the school and its activities.

No, my student's photograph may not be used for publicity purposes.

Field Trip Liability Release

The students of FBCS participate in many activities which take place off school grounds. Some of these activities include, but are not limited to community service, life sports including biking, skiing, snowboarding, golf, hiking, tennis, softball, camping and other physical activities that carry the risk of injury or harm. This list is not complete and your student may be exposed to other unlisted activities that carry the risk of injury or harm. This is a general field trip form for all activities. We will send out specific permission forms for other field trips as the dates draw near.

I give permission for _____ (Student's full name please print) _____ (Grade)

to be released from the Forrest Bird Charter School grounds and be allowed to participate in the above mentioned activities and other unlisted activities under the supervision of a Forrest Bird Charter School teacher, administrator aide or volunteer. I agree to hold harmless Forrest Bird Charter School, administrators, teachers or any of its agents for any and all liability from these activities.

Student Sign Out

As students move through Forrest M Bird Charter High School, we understand that there will be occasions that require students to sign out and leave campus; such as attending college classes, employment obligations, extracurricular activities and doctor's appointments. **Parents or Guardians must send a note, call, or email the high school office before a student will be permitted to sign out and leave campus.**

I understand that by giving my student permission to sign out and leave campus, I agree to hold harmless Forrest Bird Charter High School, administrators, teachers or any of its agents for any and all liability for my student while my student is not on campus.

Parent Signature

Date

Open Campus Lunch - For 11th and 12th Grades Only:

As a privilege to the 11th and 12th grade class only, there will be open campus for those students that qualify. Students will be expected to return in time for third period and can only be accompanied by other students allowed to participate in open lunch.

I understand that by giving my student permission to participate in the open lunch privilege that my student must meet the requirements and abide by the open lunch policy. I agree to hold harmless Forrest Bird Charter High School, administrators, teachers or any of its agents for any and all liability for my student while my student is not on campus.

Parent Signature

Date

Emergency Contact

Please fill out the following information with two or three emergency contacts who will be allowed to pick your student up from the school. Emergency contacts will be contacted if we are unable to reach you in the event that your student has an injury, becomes ill, or is being sent home due to disciplinary reasons.

1. Name: _____

Relationship: _____ Phone _____

2. Name: _____

Relationship: _____ Phone _____

3. Name: _____

Relationship: _____ Phone _____

If there is any guardianship or restraining orders set forth by the court system we will need a copy of these documents to keep with your student's file.

Your student will not be released to anyone who is not on our pick-up list.

Release of Information to Step-Parent

I, _____, natural mother/father of my child, _____, authorize _____, step parent, to receive any and all information regarding school records, attendance, grades, etc.

Dated this _____ day of _____, 20____

Signature of natural parent _____

Computer Use Agreement

Forrest Bird Charter School incorporates computer technology with all aspects of our curriculum. Students utilize computers for Internet research, project design and presentations, spreadsheet creation, photo editing and other technology skills, as well processing for written assignments. The following agreements are designed to allow student's access to the information and available technologies necessary to succeed without jeopardizing the safety of individuals, their files, or the organization, machines, or network of the school.

To ensure the safety of our students and to maintain compliance with the Children's Internet Protection Act, school administrators monitor the use of information technology resources. Administrators reserve the right to examine, use, and disclose any data found on the school's information network in order to further the health, safety, discipline, or security of any student of other person, or to protect property. They may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement.

The user agrees to:

- ◆ Communicate only in ways that are appropriate and respectful
- ◆ Report threatening or discomfoting materials to teachers.
- ◆ Not intentionally access, transmit, copy, or create material that violates the school's code of conduct (such as messages that are pornographic, threatening, rude, discriminatory, or meant to harass).
- ◆ Not use the resources to further other acts that are criminal or violate the school's code of conduct.
- ◆ Not send spam, chain letters, or other mass unsolicited mailings.
- ◆ Use only school approved email accounts at school.
- ◆ Not buy, sell, advertise, or otherwise conduct business, unless approved as a school project.
- ◆ Not install applications or change operation settings on FBCS netbooks.
- ◆ Allow Administrator's access to personal computers if being used at school.

Violation of these rules may result in disciplinary action, including the loss of a student's privileges to use the school's information technology resources.

Student User _____ Date _____
Parent/ Guardian _____ Date _____

Student User will be:

using a school issued netbook a privately owned laptop

Prescription Medicines		
Name of Medication	Dose and Time of Dosing	Precautions or Possible Side Effects

All medications that are brought must be in their original container and be properly labeled with dates, name of student, medication name, dosage, and physician's name.

Parent/Guardian Name: _____ Phone: _____

Doctor's Name _____ Phone: _____

Health Conditions _____

Allergies _____

Medical Insurance Yes No

If yes, name of Health Insurance _____ Policy # _____

AUTHORIZATION TO ADMINISTER MEDICATIONS

Forrest Bird Charter School will have available, in an emergency, for students the following over the counter medications: Acetaminophen (Tylenol), Ibuprofen (Advil), Pepto Bismol, Antacids, cough drops, and allergy medicine. These medications will only be dispensed according to the manufacturer's instructions. Students are not permitted to carry with them these medications or any other medication during school. If you wish to allow your student to be given these over the counter medications, sign the following statement:

I give Forrest Bird Charter School permission to give my student non-prescription medications or prescription medications as deemed necessary. I shall indemnify and hold harmless the Forrest Bird Charter School and its employees or agents for legal fees, costs and any potential damages concerning the administering of the above mentioned medications arising out of any claims brought by the named child or anyone else.

We cannot give any student medication without authorization from this form. We will be unable to accept permission by phone.

Signature _____ Date _____

Medical Authorization & Liability Release

In the event of a medical emergency, I understand the Forrest Bird Charter School and its authorized agents or employees will exercise their best efforts to contact me and, if requested, I will come to the school to access my child's needs. I further understand that in the event I cannot be reached, efforts will be made to contact those individuals listed as emergency contacts on the front of this form. I understand it is my responsibility to keep the school office informed of any changes to this form. In the event that neither the emergency contacts nor I can be reached, I give Forrest Bird Charter School and its authorized agents or employees the authority to do any action deemed necessary in their judgments should my child sustain an injury, either minor or major. Further, I will cover any expense incurred as a result of any action deemed necessary by the Forrest Bird Charter School and its authorized agents or employees realizing they must exercise their best efforts to contact me in event an injury is sustained by my child.

I have fully read and understand the contents of this Authorization and Release, and I am signing the same of my own free will.

Signature _____ Date _____

Ethnicity Report

Forrest M. Bird Charter School

Student Name: _____ Grade: _____

Step 1: Check below, if true:

Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central America, or any other Spanish Culture, regardless of race)

Step 2: Check ALL that apply:

American Indian/Alaska Native Asian White Black/African American

Native Hawaiian/Other Pacific Islander

Ethnic/Race form completed by: Parent Student

Print name of person completing survey _____

Signature _____ Date _____

Federal law now makes it MANDATORY for school districts to collect and report this information.

Home Language Survey

To ensure that all students receive the best instruction and that language needs are met, the Office for Civil Rights and the Idaho State Department of Education require that school districts assess and determine a student's home language. If a student speaks a language other than English, a language assessment will be administered. If the student qualifies for additional English language development services, you will be notified prior to program placement. The first step in this process is the Home Language Survey. Please check all that apply.

	English	Spanish	Other - Please Specify
1. What is the primary language spoken in the home?			
2. Is any language other than English spoken in the home?			
3. Which language does your child most often use?			
4. What language do you use to speak with your child?			
5. What language does your child use to speak with others?			