

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

614 South Madison Avenue, Sandpoint ID 83864

(208) 255-7771 Middle School (208) 265-9737 High School

(208) 763-3196 FAX

Student Information: (Please Print)

Student's First Name

Middle Name

Last Name

Current Mailing Address

Home Phone

Date of Birth

This form authorizes FBCS to request the following documents from your student's previous school:

- ☐ Official transcript
- ☐ Copy of Immunization Records
- ☐ Copy of Birth Certificate

Please check the box below if your student has any other documents we should request such as IEP's, 504's or other?

☐

Yes

Describe

Information to be transferred from previous school:

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 Forrest M. Bird Charter School (FBCS) activities. These photographs may appear on the FBCS website, in the Yearbook, 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 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 _____

Students name - please print

Grade _____

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

Parent Signature

Date

Student Sign Out

As students move through FBCS, 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 school office before a student will be permitted to sign out and leave campus during regular class times. All absences are unexcused until we receive a note or phone call from a parent/guardian. At their discretion, teachers may not allow work to be made up for unexcused absences.

I understand that by giving my student permission to sign out and leave campus, I agree to hold harmless FBCS, 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 9th-12th grades only

Lunch will be open campus for those students with permission to leave. 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 FBCS, 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

Study Lab 4th Period - 11th and 12th grades only

As a privilege to the 11th and 12th grade classes only, FBCS offers an open campus 4th period study lab opportunity. Students who have this permission may stay at the school until they have their homework completed, then check out when they are ready to leave the school grounds. In order for Juniors to take part in this privilege, a legal guardian must give permission. All students who do NOT have permission will continue to go to a supervised 4th period study lab.

I understand that by giving my student permission to participate in the open study lab privilege that my student must adhere to the student handbook, and that FBCS administrator or that I, as the legal guardian, may revoke this privilege at any time due to poor grades. I agree to hold harmless FBCS, 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

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.

Natural Parent Signature

Date

Student Cell Phone

It is very helpful to have our students phone numbers. We often communicate important information via our texting system. Please provide your students cell phone number if applicable.

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 are any guardianship or restraining orders set forth by the court system, we will need a copy of these documents to keep with your student file.

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

Computer Use Agreement

FBCS 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 & time of dose	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.

Health Conditions _____

Allergies _____

Parent/Guardian Name: _____ Phone: _____

Doctor's Name _____ Phone: _____

Medical Insurance ☐ Yes ☐ No

If yes, name of Health Insurance _____ Policy # _____

Authorization To Administer Medications

I give FBCS permission to give my student non-prescription medications or prescription medications that are provided by the family, in accordance with directions provided. I shall indemnify and hold harmless FBCS 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.

Parent Signature

Date

Medical Authorization & Liability Release

In the event of a medical emergency, I understand FBCS 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 included in 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 FBCS 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 FBCS and its authorized agents or employees realizing they must exercise their best efforts to contact me in the 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.**

Parent Signature

Date

Ethnicity Report

FBCS

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.

Pets On Campus

FBCS believes in the therapeutic benefits of animals in the educational environment. Both the middle school and the high school do utilize dogs within the facilities. Is your student allergic to animals?

☐

Yes

☐

No

If yes, what animal(s)?

What is the severity?

☐

Mild

☐

Severe

Recommendations for your student:

Home Language Survey

Our school district along with the Idaho State Department of Education and the Office for Civil Rights require that students' language(s) are identified. This survey's purpose is to determine whether they are potentially eligible for language services.

Student Name:		Date:	
Birthdate:		Gender:	Male Female
School:		Grade:	

1. What language(s) are spoken in the home?

2. What language(s) does your student speak most often?

3. What language(s) did your student first learn?

4. Which language does your child speak with you?

5. Which language do you use when speaking with your child?

6. Which language do you want phone calls and letters?

7. What is your relationship to the child?

☐

Guardian

☐

Mother

☐

Father

Other (specify) _____

8. Is there any additional information you would like the school to know about your child?