

Indian Ridge Registration 2011-12

Welcome! This sheet is to assist you as you complete your registration. Please bring this to registration to keep track of the steps.

Please note can be saved if you use **SAVE AS** button and rename the document.
Please print an additional copy for your records if necessary.

Registration Dates	Registration Times
Tuesday, August 9th	8:30-11:30: Last Names A-L 11:30-12:30: Lunch-doors will be locked 12:30-2:30: Last Names M-Z
Wednesday, August 10th	8:30-11:30: Last Names M-Z 11:30-12:30: Lunch-doors will be locked 12:30-2:30: Last Names A-L
Monday, August 15th	Makeup day 8:30-2:30

Step 1: Download all forms and fill out for Student 1.

Step 2: Print and sign all forms for Student 1.

Step 3: Replace Student 1's name with any additional student names. Change health and other info as needed.

Step 4: Print and sign forms for additional student names (exclude pages 20-21. PTO forms-one per family)

Step 5: Come to registration on the 10th or 11th. Proceed to Stations #1-7 Have person at station initial.

Station 1 -Nurse/Health Forms

Form 1: Student Emergency Info/Contact Card

Form 2: Student Health Info

Form 3: Parent Permission to Give "Occasional" Over-the Counter Meds

Form 4: Immunization Records Copy (if new or updated)

Form 5 (if applicable): Permission to Give Prescription/Homeopathic Meds

Form 6 (if applicable): Consent to Release Info-Medicaid Reimbursement

Form 7 (if applicable): Student Accident Insurance - pick up form at registration

Station 2 -Lunch and Cafeteria Info

Pick up info regarding PayPams (online payment)

Pick up new 10-11 breakfast and lunch prices

Pick up August/Sept Lunch Menu

Fill out a note to cafeteria requesting limits on meals/snacks (if applicable)

Fill out Free/Reduced Lunch Application (if applicable)

Station 3 - Kindergarten Adventures Program, Before and After School Care

KAP and Before and After School Care info and enrollment forms

Station 4 - Accountability/School Improvement Team Info/Buy Student Agenda

Be a part of this important team on matters pertaining to the school.

Become a part of PASS

Buy Indian Ridge Student Agenda - Pay with cash or check. You may also have student pay on the first day of school.

Station 5 - Parent Teacher Organization (PTO)

Form 14: Student Directory and Email Consent Form

Station 6- Office/Media Forms

Form 9: Student Conduct and Discipline, Rights and Responsibilities

Form 10: Networked Resources Acceptable Use Agreement

Form 11: Media Waiver/Internet Publishing Parent Permission

Form 12: Parent Email Authorization

Form 13: Everyday Math Online/Blog Permission

Station 7 -Final Check-Out

Form 8: Office Student Contact Card

Receive Student's Class Assignment, School Supply List, and Master Calendar

Health & Nurse Station Forms:

Please fill in and turn in the following forms. One per student. Signatures are required on several forms. Make sure to sign before turning them in. This page will not print.

Form 1. Student Emergency Information/Contact Card

Form 2. Student Health Information

Form 3. Parent Permission to Give "Occasional" Over-the-Counter Medication

Form 4. Immunization Records

- a. If your student is new to Indian Ridge and/or is a Kindergartener then you will have your immunization records copied for their file. This is a mandatory state requirement.
- b. If your child received any new immunizations over the summer, we will also copy this for school records.

Form 5. Permission to Give Prescription/Homeopathic Medication at School (If applicable. Does not print automatically. Press print button if needed.)

Form 6. Consent to Release Information-Medicaid Reimbursement (If applicable. Does not print automatically. Press print button if needed.)

Form 7. Student Accident Insurance (If applicable. Does not print automatically. Press print button if needed.)

1 STUDENT INFORMATION

Name: _____ Date of Birth: _____ Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Home Tel _____ Grade/Track: _____ School Year 2010-2011

2 PARENT/GUARDIAN INFORMATION

Father/Guardian Name: _____ Home Tel# _____ Cell # _____
 Work Tel # w/ext. _____ Ext. _____ email _____
 Mother/Guardian Name: _____ Home Tel# _____ Cell # _____
 Work Tel # w/ext. _____ Ext. _____ email _____

Note: Parents or guardians listed above have permission to pick up the child, unless otherwise indicated. Notify school administration immediately if there are any court orders restricting noncustodial parents or others from contact with the child. Provide the administration with a copy of this order.

3 LOCAL CONTACT INFORMATION

Those designated below are authorized to pick up my child from school:

Name 1: _____ Relationship to Child _____
 Home Tel# _____ Work Tel# _____ Cell # _____
 Name 2: _____ Relationship to Child _____
 Home Tel# _____ Work Tel# _____ Cell # _____

*If you are a parent that is not comfortable with the English language, please provide a bi-lingual contact that can help explain any medical concerns we may have about your child.

Name : _____ Relationship to Child _____
 Home Tel# _____ Work Tel# _____ Cell # _____

4 STUDENT HEALTH CONCERNS

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart | <input type="checkbox"/> Bowel/Bladder |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Life Threatening Allergies | <input type="checkbox"/> Vision/Hearing | <input type="checkbox"/> Migraine | <input type="checkbox"/> Emotional/Behavioral |

Additional Information _____

List any daily medications: _____

List any medication, food, or environmental allergies and types of reactions experienced.

*****Please note FEMA recommends that parents supply the school with a 72-hour supply of medications necessary to a student's optimal survival including those not normally given during the school day. Please contact the school clinic to make the necessary arrangements if this is applicable to your child.

5 MEDICAL/PHYSICAL INFORMATION

This information is needed in the event there is a medical emergency with your child.

Physician's Name: _____ Tel # _____

Dentist's Name: _____ Tel # _____

What emergency facility does your insurance company approve? _____

Insurance Company: _____ Policy#: _____ Group #:

No insurance Medicaid # _____

Medicaid information: Colorado school districts are entitled by law to seek Medicaid reimbursement when health services are delivered to students insured by Medicaid. School Medicaid reimbursement does not affect or diminish the family's other Medicaid benefits in any way.

 Date _____
 (Sign on above line only if you do NOT want CCSD to bill when Medicaid-reimbursable services are rendered.)

AUTHORIZATION STATEMENT

I do hereby authorize CCSD #5 to contact the individuals named on this form, and do authorize the named medical personnel to render treatment as deemed necessary for the health of said child. In the event the individuals named on this card cannot be reached, the district is authorized to take whatever action is deemed necessary for the health of said child, including, but not limited to seeking emergency treatment and transportation by ambulance to the designated medical facility at my expense. In addition, I give consent and authorize CCSD #5 to release to Colorado Health Care Policy and Financing (HCPF), information related to Medicaid-eligible services delivered to my child if/when my child is enrolled in the Medicaid program.

SIGNATURE OF PARENT / GUARDIAN _____ **DATE** _____

Cherry Creek School District #5 New Student Health Information

Your child's learning depends upon good health and regular school attendance. To assist in providing health services at school, please complete the following and return to the School Nurse.

Student Name _____ Grade _____ Date of Birth _____

Please complete the following. If additional space is necessary, please use the back of this page.

Allergies	No <input type="checkbox"/> Yes <input type="checkbox"/>	To drugs, food, insects, pollen? Please list _____ Has the allergy required emergency action in the past? _____
Asthma	No <input type="checkbox"/> Yes <input type="checkbox"/>	Triggered by _____ Treatment _____ Diagnosed by Dr. _____ Date _____
Attention Concerns (ADHD or ADD)	No <input type="checkbox"/> Yes <input type="checkbox"/>	Medications _____
Diabetes	No <input type="checkbox"/> Yes <input type="checkbox"/>	Takes Insulin? No <input type="checkbox"/> Yes <input type="checkbox"/> Date diagnosed _____
Epilepsy/ Seizures	No <input type="checkbox"/> Yes <input type="checkbox"/>	Absence Seizure? _____ Grand Mal Seizure? _____ Date of last seizure _____ Medication? _____
Heart Condition	No <input type="checkbox"/> Yes <input type="checkbox"/>	Describe _____ Any physical restrictions? _____ Medication? _____
Kidney Disease	No <input type="checkbox"/> Yes <input type="checkbox"/>	Describe _____
Bone or Joint Problems	No <input type="checkbox"/> Yes <input type="checkbox"/>	Describe _____ Any physical restrictions? _____
Eye Problems	No <input type="checkbox"/> Yes <input type="checkbox"/>	Glasses? <input type="checkbox"/> Contacts? <input type="checkbox"/> Lazy Eye? _____
Ear Problems	No <input type="checkbox"/> Yes <input type="checkbox"/>	Frequent infections? _____ Tubes? _____ Hearing Loss? Rt _____ Lt _____ Hearing Aid _____
Serious Injuries/Illnesses	No <input type="checkbox"/> Yes <input type="checkbox"/>	Describe _____
Surgeries/Hospitalizations	No <input type="checkbox"/> Yes <input type="checkbox"/>	Describe _____
Developmental Concerns	No <input type="checkbox"/> Yes <input type="checkbox"/>	Physical/Motor? _____ Speech/Language? _____
Other Health Concerns	No <input type="checkbox"/> Yes <input type="checkbox"/>	Describe _____

Medication

Is your child currently taking any medications? No Yes

Name of medication(s) _____

Dosage _____

Reason _____

Will child require medication during school hours? No Yes

Medical Procedures

Will your child require any specialized medical procedures during school hours? No Yes

If student requires medication or medical procedures at school, please obtain the necessary permission forms.

Has your child received any of the following special education services in the past?

Speech/ Language No Yes

Physical/Occupational Therapy No Yes

No Yes

Learning Difficulties No Yes

Behavior/ Emotional No Yes

No Yes

Reading No Yes

Signature of Parent/Legal Guardian _____ Date _____

PARENT PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION

Student Name _____ School Year _____
Grade _____ School _____

Over-the-counter medications are drugs that do not require a prescription and are purchased "over-the-counter." Exceptions to this are homeopathic/herbal medications and aspirin, which require a completed "**Permission to give prescription/homeopathic medication at school**" form. In addition, all homeopathic/herbal medication must be approved by the Cherry Creek School District Medical Advisory Board to be administered at school. Over-the-counter medications must be in the original manufacturers container with directions attached or the medication will not be accepted.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

**These medications will be given at the manufacturers recommended dosage.
This form is used for OTC medications such as:**

All medications listed below

TOPICAL:

- Antibiotic cream** (i.e. Bacitracin Cream, Polysporin)
- Hydrocortisone cream** (i.e. Cortaid)
- Benadryl Cream** (i.e. Caladryl, Diphenhydramine)
- Sunscreen**
- Tincture of Benzoin, Mastisol** (helps tape adhere)

ORAL:

- Ibuprofen** (i.e. Advil, Motrin, Nuprin)
- Acetaminophen** (i.e. Tylenol)
- Antacid** (i.e. Mylanta, Maalox, Tums)
- Cold Medications** (guaifenesin, pseudoephedrine, phenylephrine)
- Antihistamine** (i.e. Benadryl, chlorpheniramine, Loratadine)
- Cough syrup** (dextromethorphan, medicated cough drops)

**THE MEDICATIONS INITIALED ABOVE MAY BE
ADMINISTERED TO MY STUDENT**

(Signature of Parent or Guardian) _____ (Date)

Please check with the school nurse to see if you need to provide the medications initialed above or if these medications are available for students in the school clinic. For safety reasons, parents are requested to bring the medication directly to the nurse. In the event that an adult is unable to come to school, arrangements may be made where the parent calls and notifies the nurse the day the medication is to arrive. The medication must be sealed in an envelope in the original manufacturer's pharmacy container. New permission forms must be completed each school year.

**FOR CONDITIONS THAT REQUIRE OVER-THE-COUNTER MEDICATIONS DAILY,
THE STANDARD "PERMISSION TO GIVE OVER-THE-COUNTER MEDICATION AT
SCHOOL" FORM MAY BE USED. PARENTS WILL NEED TO PROVIDE THE
MEDICATIONS FOR THIS DAILY USE.**

MEDICATION HISTORY:

Is your student allergic to any medications? _____ If so, please list _____

Does your student take any medication (either over-the-counter or prescription) on a regular basis? _____

If so, please list _____

Immunization Records

Please bring to registration

1. If your student is new to Indian Ridge or is a Kindergartener, then have your immunization records copied.
2. If your child received any new immunizations over the summer, please copy for their file.

Cherry Creek School District #5

School: _____

Fax #: _____

PERMISSION TO GIVE PRESCRIPTION/HOMEOPATHIC MEDICATION AT SCHOOL

The school nurse is required by Colorado State Law to have this form signed by the parents and the Health Care Provider of a student before prescription medication can be administered at school. For safety reasons, parents are requested to bring the medication directly to the nurse. If medication cannot be delivered to the clinic by the parent/guardian, please contact the health clinic to make other arrangements. Prescription meds must be in a pharmacy-labeled container that includes the child's name, medication, dosage, the prescriber's name and directions for administration. In addition, all homeopathic/herbal medication must be approved by the Cherry Creek School District Medical Advisory Board before being administered by school personnel.

New forms must be completed with any changes in medication, dose or time to be given. The parent agrees to pick up expired or unused medication within one week of notification or it will be destroyed.

To be completed by Licensed Health Care Provider with prescriptive authority:

Student's Name: _____ Birthdate: _____

Medication: _____

Dosage: _____ Route: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported: _____

Starting Date: _____ Ending Date: _____

Signature of Health Care Provider with Prescriptive Authority License Number

Print name of Health Care Provider

Phone

Fax Number

ATTENTION PRESCRIBERS: IF THIS Rx IS FOR A RESCUE INHALER OR EPI-PEN:
 This student has been instructed by the healthcare provider in the proper use of this medication and is capable of carrying and self-administering this medication. _____
Signature of Health Care Provider

By signing this document, I give permission for the nurse or nurse designee to administer the medication as prescribed. Should the nurse have any concerns about this order, I give my permission for this Health Care Provider to share information about this medication's administration with the Registered Nurse.

(Parent/Guardian Signature)

(Date)

This consent must be resubmitted at the beginning of every school year.

CONSENT TO RELEASE INFORMATION

Cherry Creek School District

2011-12 School Year

Medicaid Reimbursement

Student Name:

Student Medicaid ID#:

Date of Birth:

School Name:

Request:

Colorado permits school districts to receive partial reimbursement from Medicaid when health and health related services are provided to students who are Medicaid eligible. Funds received from Medicaid will enable the district to provide additional health related services for all students in our care. Our District seeks your consent to submit student information to Health Care Policy and Financing (HCPF), the agency that administers Medicaid in Colorado, in order to receive those funds. Examples of information sent to HCPF are the same as any information sent when communicating with an insurance company, such as your child’s name, Medicaid number, date of birth, other insurance coverage, as well as the documentation of services provided during the school day.

Third party liability: Typically, commercial health insurance plans must be billed as the primary payer per Medicaid regulations. However, school-based services are an exception, as they are generally not considered billable services by commercial health plans.

Rights:

- The District will not require you to enroll in Medicaid in order for your child to receive special education services.
- The District will not require you to pay out-of-pocket expenses incurred in filing a claim for services. The District may pay the cost that you would otherwise be required to pay.
- Participation in the school Medicaid reimbursement program DOES NOT adversely affect the student’s eligibility for future Medicaid services in any way. Furthermore, the District will not use Medicaid if that use would ever: (1) decrease the available lifetime coverage or any other insured benefit; (2) result in any cost to your family; (3) increase premiums or lead to the discontinuation of benefits or insurance; or (4) risk any loss of your child’s eligibility for home and community-based waivers, based on aggregate health-related expenditures.
- You are not required to provide your consent, and your refusal to do so will not prevent your child from receiving special education services at the expense of the District.

Withdrawal of Consent:

- The granting of consent is voluntary and may be withdrawn at any time. However, if you revoke your consent, such revocation is not retroactive (i.e., it does not negate an action that occurred after the consent was given and before the consent was revoked.)

AUTHORIZATION

I authorize the District to share necessary information from the above-named child’s education records to apply for Medicaid reimbursement for any health-related assessments/evaluations for which I have given consent, and for any health-related services listed in any IEP that I have signed, or for which I have otherwise given express written permission. I understand that, unless I revoke my consent in writing, this consent will remain in effect for the term listed below.

I authorize CCSD to share necessary information to apply for Medicaid reimbursement.

August 2011-July 2012 School Year

Parent/Guardian Signature

Autorización Para Proporcionar Información**Distrito Escolar de Cherry Creek****Año Escolar 2011-12****Para el Reembolso de Medicaid**

Nombre del Estudiante:	Numero de Medicaid del estudiante:
Fecha de Nacimiento:	Nombre de Escuela:

Solicitud:

El estado de Colorado permite que los distritos escolares reciban reembolsos parciales del programa de Medicaid cuando servicios de salud o relacionados con la salud sean proporcionados a los estudiantes que sean elegibles de recibir Medicaid. Los fondos recibidos del programa de Medicaid permitirán al distrito a proporcionar servicios relacionados con la salud para todos nuestros estudiantes. El distrito escolar pide su autorización para poder presentar la información del estudiante correspondiente al Colorado Health Care Policy and Financing (HCPF), agencia que administra el programa de Medicaid en Colorado a fin de poder recibir esos fondos. Ejemplos de información enviada a HCPF es similar a información utilizada por compañías de seguros, tal como el nombre de su estudiante, numero de Medicaid, fecha de nacimiento, cobertura de otros seguros y también la documentación de servicios proporcionados durante el día escolar.

Si posee otro seguro de salud esto es llamado Third Party Liability (Responsabilidad Civil Por Daños a Terceros): Por lo general, seguros de salud comerciales serán facturados como "pagador primordial" (primary payer) conforme a las provisiones de Medicaid. Sin embargo, servicios proporcionados en la escuela no se cuentan por cobrar por seguros de salud comerciales.

Sus Derechos:

- El distrito escolar no requiere que se inscriba en el programa de Medicaid para que su hijo reciba servicios de educación especial.
- El distrito no requiere que usted pague gastos por cuenta propia incurridos durante el proceso de reclamación de servicios. El distrito probablemente pagara los gastos que usted de otra manera tendría que pagar.
- La participación de la escuela en el programa de reembolso del programa de Medicaid no afecta de manera adversa a la elegibilidad del estudiante, para futuros servicios de Medicaid. Adicionalmente, el distrito no usara el programa de Medicaid si usándolo le: (1) disminuye la cobertura de por vida o cualquier otro beneficio de seguros; (2) resulta en gastos a su familia; (3) ingresa el costo de prima del seguro o resulta en la discontinuación de beneficios de seguros; o (4) pone en riesgo que su hijo (a) sea elegible para negación de servicios basados en casa o en la comunidad.
- No es obligatorio que usted de su consentimiento. Si decide no hacerlo, no impide que su hijo reciba servicios de educación especial del distrito.

Retirada de consentimiento:

- Su autorización es voluntaria y puede ser retirada en cualquier momento. Sin embargo, si usted decide retirar su autorización, no podrá cambiar su retirada despues.

Autorización

Yo autorizo al Distrito de proporcionar la información necesaria de los expedientes del estudiante arriba indicado, para solicitar y recibir el reembolso del programa Medicaid y para servicios de salud proporcionados y nombrados en cualquier IEP que he firmado o he dado permiso en escrito. Tengo entendido que a menos que desautorice mi consentimiento en escrito, este consentimiento permanece en efecto por 365 días desde la fecha que aparece con mi firma abajo.

Yo autorizo al distrito escolar de Cherry Creek de proporcionar información para solicitar el reembolso del programa Medicaid.

Año Escolar Agosto 2011-Julio 2012

Firma de Padre/Tutor

Student Accident Insurance

If your student needs accident insurance, please be sure to pick up and fill out the form at registration. This is a state form and cannot be digitized.

Office/Media Forms: Please fill in and turn in the following forms. One per student.

Form 8. Office Student Contact Card - Please return to Check-Out Station 7

Form 9. Student Conduct and Discipline, Rights and Responsibilities

Form 10. Networked Resources Acceptable Use Agreement Consent Form

Form 11. Media Waiver/Internet Publishing Parent Consent Form

a. We strongly encourage parents to check the third box allowing students to publish work with first name only. We will never allow students to publish their work with both first and last name or a picture of themselves.

Form 12. Parent Email Authorization

Form 13. Everyday Math Online/Blog Permission

LAST NAME _____

STUDENT CONTACT CARD

Student's

LAST Name _____ FIRST Name _____

Grade _____ Teacher _____

Address _____ City _____ Zip _____

Home Phone _____

Mother/Guardian Name: _____

Work Phone _____ Cell # _____

Email Address _____

Father/Guardian Name: _____

Work Phone _____ Cell # _____

Email Address _____

Language Other Than English Spoken at Home _____

Other Siblings at Indian Ridge _____

List all people (**other than parents listed above**) who may pick up your child. If someone comes to pick up your child and is not on this list, we will need to contact you, and have positive identification.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

- Please notify the office of any special circumstances involving the safe release of your child.
- School is dismissed at 3:30 daily. If your child is participating in an after school activity, please make arrangements for pick-up at the appropriate ending time of the activity.
- Students who are left at school with no arrangements to get home are in danger due to no staff supervision. The school has no option but to contact Arapahoe County Social Services or the Aurora Police Department if there is a persistent problem.

Parent/Guardian Signature

Date



**“STUDENT CONDUCT AND DISCIPLINE, RIGHTS AND RESPONSIBILITIES”
PARENT INFORMATION
AND CONSENT FORM
2011-12 School Year**

[Read District Policies Online](#)

A review of district policies and procedures is important to both you and your child. Please read these documents and then discuss with your child what is expected of students in Cherry Creek Schools.

PLEASE INITIAL/SIGN AND DATE BELOW WHERE INDICATED

1. My child and I have read and discussed Cherry Creek Schools’ “Student Conduct and Discipline, Rights and Responsibilities” handbook. I/we understand and agree that my child is responsible for compliance with school district policies, including but not limited to the following:
 - Cherry Creek School District Policy JICDA, *Conduct and Discipline Code*
 - Cherry Creek School District Policy JICDB, *Violent and Aggressive Behavior*
 - Cherry Creek School District Policy JICI, *Weapons in Schools*

Parent/Guardian Name (printed)	Parent /Guardian Signature	Student Signature
---------------------------------------	-----------------------------------	--------------------------

2. I/we hereby agree to comply with the terms and conditions of the Cherry Creek School District Networked Resources Acceptable Use Agreement, and as a parent or guardian, hereby consent to my child’s or ward’s use of the CCSD net.

Parent/Guardian Signature	Student Name and Grade (printed)
---------------------------	----------------------------------

3. I have completed the MEDIA WAIVER/INTERNET PUBLISHING Parent Consent Form

Date _____ Parent/Guardian Initials _____

4. I have also reviewed the Cherry Creek School District Civil Rights and Ethnic Intimidation Grievance Procedure

Date _____ Parent/Guardian Initials _____

User's Name: _____
Last name, First name (Please print)

Grade/Position: _____

Training Date/Class: _____
For School/District use only.

**Cherry Creek School District
Networked Resources Acceptable Use Agreement
Consent Form for Users/Parents/Guardians**



General Information

Access to electronic networked resources is now available to students and staff through the use of the Cherry Creek School District Network (CCSD Net). CCSD Net is a Wide Area Network that connects all Cherry Creek Schools and provides access to electronic networked resources including the Internet. The Internet is an electronic highway connecting thousands of computers and millions of individual users all over the world and is coordinated through a complex association of government agencies and networks. Access to CCSD Net offers a vast array of educational resources to both students and staff. Our goal in providing this service is to promote educational excellence and student achievement in our schools by facilitating resource sharing, innovation and communication.

The smooth operation of the network relies upon the proper conduct of the users who must adhere to strict guidelines. Basic guidelines are provided here so that you are aware of the responsibilities you are about to assume. If a user violates any of these provisions, his/her account will be terminated and future access may be denied. Possible disciplinary action may also result. If possible criminal activity is discovered, the proper authorities will be notified. Disciplinary action for students will be in accordance with existing discipline policies and may include suspension and/or expulsion. The signature(s) at the end of this document indicate(s) the party /parties who signed this agreement has/have read the terms and conditions carefully, understand(s) their significance, and agrees to fully comply with them.

User Guidelines

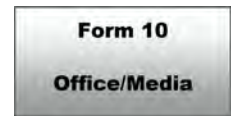
1. Use of CCSD Net must be in support of the educational objectives of the Cherry Creek School District. Transmission of any material in violation of any federal or state law or regulation is prohibited. Use for commercial activities is prohibited unless prior written consent from the Cherry Creek School District has been granted.
2. Cherry Creek School District does not represent or warrant that the functions of the system will meet any specific requirements or that it will be error free or uninterrupted; nor shall it be liable for any direct or indirect, incidental, or consequential damages (including lost data and information) sustained or incurred in connection with the use, operation or inability to use the system.
3. It is acknowledged that not all student access to the Internet can or will be supervised, however any action by a user that is determined by Cherry Creek School District to constitute an inappropriate use of CCSD Net or to improperly restrict or inhibit other members from using CCSD Net is strictly prohibited and may result in termination of privileges and/or disciplinary action. The user specifically agrees not to access, submit, publish, display or print over CCSD Net any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive or illegal material. The user further agrees to use CCSD Net in accordance with all copyright laws. Copying, saving or redistributing copyrighted material is not allowed and users should assume material is copyrighted unless explicitly noted.
4. Cherry Creek School District does not and can not control Internet content or access thereto, some of which may be deemed offensive by some, therefore the school district shall not be responsible for any material or information accessed on the Internet by any user and shall not be responsible for the impact or effect of the information on the user. Use of any information obtained via CCSD Net is at your own risk. Cherry Creek School District specifically denies any responsibility for the accuracy or quality of

information obtained through CCSD Net, and it exercises no control whatsoever over the content of the information residing on or passing through the system. Products or services may not be purchased through CCSD Net. Files stored on district servers, electronic mail and use of CCSD Net are not private, and may be subject to inspection and/or monitoring.

- 5. Vandalism shall result in cancellation of privileges. Vandalism includes any malicious attempt to harm, destroy or alter data on CCSD Net. Any attempt to access restricted data will result in termination of privileges and/or disciplinary action. CCSD Net administrators reserve the right to monitor any and all activity on the system.

I/We hereby agree to comply with the forgoing terms and conditions and if a parent or guardian, hereby consent to my child's or ward's use of CCSD Net.

_____	Indian Ridge Elementary
User Name (Please print)	School or Location
_____	_____
User Signature	Date
_____	_____
Parent/Guardian Signature (if user is under 18 years of age)	Date



11/97





Dedicated to Excellence
Cherry Creek Schools

MEDIA WAIVER/INTERNET PUBLISHING Parent Consent Form

Electronic/Print Media

Because of the intense interest in public education, the print and electronic media will want to visit schools for stories about programs and current events. In accordance with such activities, district policy requires parental approval be obtained before the media may shoot close-up pictures of students, or use a student's photo in non-school publications.

Please indicate by checking the appropriate box whether you want your child to be interviewed or photographed by the print and/or electronic media. It will be kept on file in each school building.

Yes, I give my permission for the media to interview and photograph my child.

No, I do not want my child interviewed or photographed by the media.

I acknowledge by my signature below I understand the above stated information.

District Media

In the interest of promoting the successful programs of the Cherry Creek School District and improving communications with our public, the district is increasing the use and distribution of photographs and video footage of students in our schools.

This agreement constitutes permission to use any and all photographs and video footage of the student named below in presentations about our schools, programs, and people which may be distributed by the Cherry Creek School District. All interviews, photographs and video footage shall remain the sole property of the Cherry Creek School District. I understand that no compensation will be made to me for this use.

Yes, I give my permission for the Cherry Creek School District to use photographs/video footage of my child for information and possible distribution about its schools, programs or people.

No, I do not want photographs/video footage of my child used by Cherry Creek school District for information and possible distribution about its schools, programs or people.

I acknowledge by my signature below I understand the above stated information.

World Wide Web & Internet Publishing

The Cherry Creek School District recognizes the limitless potential for research, information and communication provided by the Internet and World Wide Web. Therefore, Cherry Creek Schools encourages the creation of school and district web pages for publication on the Internet. However, all Web publications are subject to the following terms and as described in the Web and Internet Publishing Board Policy and Regulation.

- Student work may be published only as it relates to a curricular-related or school activity.
- All Web page documents may include only students' first names.
- No confidential student information shall be published or linked to a Web page.
- No names may be associated with pictures.

Yes, I give permission to publish the work, photograph(s), first name and non-confidential information of my student on the World Wide Web.

No, I do not want my student's work, photograph(s), first name or non-confidential information published on the World Wide Web.

I acknowledge by my signature below I understand the above stated information.

Indian Ridge Elementary

Student Name (Please Print)

School of Attendance

Signature of Parent or Guardian

Date

CHERRY CREEK SCHOOL DISTRICT NO. 5
PARENT EMAIL AUTHORIZATION

Cherry Creek School District Policy EGA, *Electronic Mail*, provides that confidential student information may be transmitted by electronic mail pursuant to the requirements of the Family Education Rights and Privacy Act (“FERPA”). This policy language allows for teachers and school officials to communicate student record information via email, transmitted over the Internet, with parents/guardians and or eligible students (students who are 18 years of age).

In order for school personnel to use the Internet email system for transmission of student record information, a signed consent form from the parent/guardian or eligible student must be on file with the school. Once the signed consent form has been received, teachers and school officials may use electronic mail to communicate about their child to a parent/guardian or with the eligible student.

Cherry Creek School District does not and cannot control Internet access, therefore, the school district is not responsible for any information or material accessed on the Internet by any user, other than the parent/guardian or eligible student. There will be NO solicitation of any kind, and email addresses will be considered confidential for FERPA purposes.

As evidenced by my signature below, I give consent for teachers and other school officials to provide me student information about my son/daughter via electronic mail in accordance with district policy and applicable state and federal privacy laws.

Use Father/Guardian 1 details

Use Mother/Guardian 2 details

Parent/Guardian Name: _____ (please print)

Student Name: _____ (please print)

Parent/Guardian Signature: _____ Date _____

Eligible Student Signature: _____ Date _____
(If Applicable)

Please check one of the boxes below:

- As the parent/guardian or eligible student named above, I give consent for school officials to use electronic mail to communicate directly with me regarding student information, including but not limited to, attendance, grades, classroom behavior, and assignments.

* email address _____

- I choose not to have direct communication from my child’s teacher via electronic mail.
- I do not have access to email.

***Please note that you will need to notify the school if your email address should change.**

Everyday Math Online Games

Our school will continue to participate in the online version of Everyday Math Games. These games are intended to reinforce mastery of basic skills. Access by your child is available from any computer with internet access, making the games perfect for after school or weekends.

In order to implement and manage this program, certain information regarding your child will need to be stored on a server provided by Wright Group/McGraw-Hill, the developer of the online games. The information used is First/Last Name, Grade, and School/District.

This company agrees to maintain compliance with the Children's Online Privacy Protection Act of 1998, the Family Educational Rights and Privacy Act, and the US Department of Education's FERPA.

Please sign the permission slip below for your child to have access:

Student Name: _____ Grade : _____

I/we hereby agree to my child's information being added to the Wright Group/McGraw-Hill database, to allow my child access to the Everyday Math online games for this school year.

Parent/Guardian
Signature: _____ Date: _____

Permission to Establish and Participate in Classroom Blogs

I give my permission for my student to have access to and participate in an online blog should their classroom teacher create one. I understand that it will be used as an online learning and communication tool, practicing critical thinking, writing, and digital citizenship. Students will participate in a way that is appropriate to their grade level and development.

All content posted is to be school appropriate. Students will be given screen names that do not reveal their private identity and will never post anything with both their first and last name. Students will not post photos of themselves or any other identifying information. Student will keep their passwords confidential. All parents will be able to view the blog.

I also understand that I **must also check yes in the third box (World Wide Web and Internet Publishing) on the Media Waiver** for this permission to be effective. You can change your answer here.

- Yes, I give my permission to publish the work, photograph(s), first name and non-confidential information of my student on the World Wide Web.**
- No, I do not want my student's work, photograph(s), first name or non-confidential information published on the World Wide Web.**

Parent/Guardian
Signature: _____ Date: _____

PTO Station Forms

Please fill in and turn in the following forms. One per family. Make sure to sign before turning them in.
This page will not print.

Form 14. PTO Contact Consent

Indian Ridge Elementary Student Directory information and Email contact consent form

Dear Indian Ridge Parent:

This year, Indian Ridge will be doing its part to reduce our paper consumption by sending home general school and district information, newsletters and event reminders via email through PTO Manager (ptomanager.com). Information collected will be used solely by Indian Ridge and Indian Ridge PTO, and will not be shared. Your contact information will not be available to other families unless you give your consent to be in the directory.

Registration and account updates will be completed over the next few weeks. Once we receive and enter the information, you will get an email with directions on how to login to the site. Please contact the office if you need to update your information at any time during the school year.

Parent's Name(s) _____

Address: _____

Address 2: _____

Home Phone _____

Cell Phone _____

Email Address _____

Name(s) of Indian Ridge Student(s)	Teacher	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please do not include my students in the Indian Ridge Student Directory.

By signing this form, you give consent to Indian Ridge Elementary and Indian Ridge PTO to send school and district related information to you through the above designated email address with the understanding you may not receive a hard copy of the same information.

X _____ Date _____