

Hazel Wolf K-8 First Week of School Information

This section includes forms that must be completed for each child. Please fill out and return to school. You can also find fillable pdf versions of these forms on the school website:

<http://hazelwolfk8.seattleschools.org/>

The website includes instructions on how to complete and submit them electronically.

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Use of the Seattle Public Schools network is a privilege. You must read and agree to follow the network rules below to use your network account.

Seattle Public Schools makes available to students access to computers and the Internet. Through the Internet students may have access to databases, web sites, and sometimes email. Students might also publish online. Students are expected to use computers and the Internet responsibly and for school related purposes only.

Use of the Seattle Public Schools network is a privilege. Violations of conditions of use may result in that privilege being taken away in whole or in part by school district personnel. All other related student policies are applicable and other consequences including suspension or expulsion may follow. Please review the "Student Rights and Responsibilities" pamphlet.

As a condition of my right to use the Seattle Public Schools Internet service, I understand and agree with the following:

I will use computing resources responsibly

- I will use the Internet and other computer resources for academic activities only.
- I will only play educational games authorized by my teacher, instructor, or librarian.
- I will follow the guidelines for printing set by my teacher or school.
- I will only save material in my folder appropriate for educational use.
- I will not transmit or deliberately access obscene, indecent, harassing, defamatory, or otherwise offensive material in any form.

I will use computing resources safely

- I will not give out my name, picture, address, e-mail, or any other personally identifying information online.
- I will only access chat rooms, bulletin boards, blogs, or post to an Internet site with explicit teacher permission.

I will use computing resources respectfully

- I will not deliberately attempt to harm or destroy data on any system on the network or internet.
- I will not damage computer equipment or alter computer settings.
- I will not alter other students' files.

I will use computing resources in a manner that respects the intellectual property of others.

- I will not install, store, or distribute unauthorized copyrighted software or materials.
- I will turn in work that I have created myself. If I borrow or copy material from other sources, I will properly cite those sources.

I understand that:

- I am responsible for what is done on my computer account.
- School district personnel have the right to review any material sent, mailed, or accessed through a District computer or District provided network account. School district personnel have the right to inspect all material stored on a District computer. By accepting these terms and conditions, students waive any right to privacy or confidentiality to material that was created, sent, accessed, or stored using a District computer or District provided network account.
- District personnel can edit or remove any material that it believes may be unlawful, obscene, indecent, harassing, or otherwise objectionable.
- The district does not promise that the functions of the internet service will meet any specific requirements you may have, or that the Internet service will be error-free or uninterrupted.
- I cannot use computing resources to violate district policies, federal and state laws.
- District administrators have the final say on what constitutes a violation of Internet policies. Those violations include but are not limited to all bulleted points in this agreement.

Student Name _____ School Hazel Wolf K-8

Student Signature _____ Date _____

**SEATTLE PUBLIC SCHOOLS (SPS)
NOTIFICATION OF RIGHTS UNDER THE FAMILY EDUCATIONAL RIGHTS AND
PRIVACY ACT (FERPA) and OPT-OUT FORM**

Under the Family Educational Rights and Privacy Act (FERPA), parents/guardians of students under age 18, and students over 18 years of age (“eligible students”) have certain rights with respect to student “education records.” If the student is 18 years old, even if living with the parent/guardian, the student has all the rights under this Act. These rights are:

- (1) The right to inspect and review their education records within 45 days of the day SPS receives a written request.
- (2) The right to request the amendment of an education record for a student that the parent or eligible student believes is inaccurate, misleading, or is in violation of the student’s right to privacy. If SPS decides not to amend the record, SPS will notify the parent/guardian or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent/guardian or eligible student when notified of the right to a hearing.
- (3) The right to provide written consent before the school discloses personally identifiable information contained in the education records of a student, except to the extent that FERPA authorizes disclosure without consent. One exception that permits disclosure without consent is disclosure to school officials with legitimate educational interests. A “school official” is a person employed by SPS as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel). A “school official” also may include a volunteer or contractor outside of the school who performs an institutional service or function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of personally identifiable information from education records, such as an attorney, auditor, medical consultant, or therapist, a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, SPS discloses education records without consent to officials of another school where a student seeks to enroll.
- (4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by SPS to comply with the requirements of FERPA. Written complaints should be directed to Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue S.W., Washington, DC 20202.

Directory Information:

Under FERPA, SPS may release “directory” information to anyone, including but not limited to parent-teacher organizations, the media, colleges and universities, the military, youth groups, and scholarship grantors, unless you notify SPS in writing that you do not want the information released. The following information is considered directory information: parent/guardian and student name, home address, home telephone number, home email address, student photograph, student date of birth, dates of enrollment, grade level, enrollment status, degree or award received, major field of study, participation in officially recognized activities and sports teams, height and weight of athletes, most recent school or program attended, and other information that would not generally be considered harmful or an invasion of privacy if disclosed.

Release of Directory Information for Students in Grades Pre-Kindergarten to Eight (Pre-K to 8):

As a parent/guardian of a pre-kindergarten student, an elementary student, or a middle school student you have the right to choose between two (2) options on whether directory information concerning your student is released or not. Once this form is completed and returned to the school, your choice will be electronically recorded and it will not change until you complete and submit a new form. Please check one box below and return this form to the school your student attends no later than **October 10**. If the parent/guardian does not check one of the boxes or does not return this form, SPS considers the lack of response as consent for box A.

Turn Over for Signature and Selection

For students in grades Pre-Kindergarten through Eight (Pre-K to 8):

Please circle only one:

- A. I consent to the release of the above directory information about the student named below.
- B. I do **NOT** consent to the release of the above directory information about the student named below, except as authorized by law.

If you selected Option B – No Release of Information, your child’s information will not be included in the following unless you complete the section below. If you consent, please indicate your consent below by circling the appropriate option.

Media Release

YES, I give consent for news media on school grounds and/or Seattle Public Schools to photograph or interview my student for media purposes.

Yearbook/Class Photo Release

YES, I give my consent for my student’s photograph and name to be included in the yearbook and class photo

All-school Family Address Book

Is made available to our families, staff and PTSA.

YES, Include our information (phone, address, email)

Classroom Family Roster

Is made available to our families, staff and PTSA.

YES, Include our information (phone, address, email)

Website/Social Media

Student photographs and video may be posted on the school and district external website. No names will be posted. YES, my student’s photograph and video can be posted on the public website.

Notice of Right to File a Public Records Request:

Pursuant to RCW 28A.320.160, school districts are required to notify parents/guardians that they have the right, under the Washington Public Records Act (RCW 42.56), to request the public records regarding school employee discipline. To file a public records request with SPS, send a written request, in writing, to: Office of the General Counsel: Attn: Public Records Request; SPS: MS 32-151; PO Box 34165: Seattle, WA 98124

PRINT Student’s Full Name

Date of Birth

Student’s School ID number

PRINT Signer’s Full Name

Parent/Guardian/Eligible Student’s Signature

Date

PLEASE RETURN THIS FORM DIRECTLY TO THE STUDENT’S SCHOOL EITHER IN PERSON OR BY U.S. MAIL.
If you have more than one student, you must return a separate form for each student to each student’s school.

This form will be retained in your student’s folder at his or her school.



SEATTLE
PUBLIC
SCHOOLS

Information on this form is to be filled out (updated) for each new school year. Please complete both sides of this form and return to your school nurse as soon as possible.

DO NOT WRITE IN THE SPACE BELOW – FOR ENROLLMENT OFFICE USE ONLY
STUDENT ID# _____ SY/SCHOOL# _____ / _____

English

STUDENT HEALTH INFORMATION

Name: _____ Birthdate: _____ Sex: M / F
Last First MI (circle)

School: Hazel Wolf K-8 Grade: _____ Date: _____

SPECIAL HEALTH CARE PLANNING

If anything checked for SPECIAL HEALTH CARE PLANNING, send form to Health Services (MS 31-650 or call 206-252-0750)

- Diabetes – Date of diagnosis:** _____ **My student has:** insulin pump insulin pen injected insulin
- Seizure Disorder** – My student needs emergency medication for **Seizures**. Name of medication: _____
- Special Health Care Planning** - My child has special health care needs such as – wheelchair, tube feedings, breathing tube, catheter, intravenous tubes or other. Please describe your child’s condition(s): _____

- My child has NONE of the health concerns/conditions listed above.**

LIFE THREATENING CONDITIONS

If anything checked for LIFE THREATENING, send form to your child’s school

Asthma *Severe - (If this box is checked, please answer the following questions):

- Yes No Does child use rescue inhaler routinely for asthma symptoms?
- Yes No Has your child been hospitalized for asthma in the past year?
- Yes No Has your child used steroids (prednisone) for asthma symptoms in the past year?

(If mild or moderate asthma, see box below ‘Health History -Non-Life Threatening’)

Allergy/Anaphylaxis - *Severe, with Epi Pen/ Auvi-Q prescription (for example: food, insect stings)

Allergen(s): _____

Other: _____

- My child has NONE of the health concerns/conditions listed above.**

ALERT TO PARENTS/GUARDIANS: The school **must** know of **LIFE THREATENING** conditions (for example severe allergy with anaphylaxis, diabetes, asthma) **prior to the start of school**, as these may require an Individualized Health Plan (per RCW 28A.210.320). Contact your School Nurse or Health Services to begin the process for a student health care plan and/or medications at school.

HEALTH CONDITIONS

Check any of these conditions which your child has or has had:

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Serious Injury |
| <input type="checkbox"/> Allergies <i>mild or moderate (circle one)</i> | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Dental | <input type="checkbox"/> Orthopedic/Bone | <input type="checkbox"/> Vision Concerns |
| <input type="checkbox"/> Asthma <i>mild or moderate (circle one)</i> | <input type="checkbox"/> Cancer | <input type="checkbox"/> Hearing | <input type="checkbox"/> Social/Emotional/Behavioral | <input type="checkbox"/> Other |

If you have checked any of the above medical conditions/concerns, please explain: _____

Has the student ever visited an emergency room or hospital for the medical issue? YES / NO (circle) If yes, date: _____

- My child has NONE of the health concerns/conditions listed above.**

MEDICATIONS

List any medications taken by student:|

Medication Taken: _____ For _____ At Home At School
Medication Taken: _____ For _____ At Home At School
Medication Taken: _____ For _____ At Home At School

Students requiring medications during the school day (herbal, over the counter, or prescription) MUST have a written provider order and written parent consent and health care provider must be on file. Contact your school office for MEDICATIONS AT SCHOOL form and MUTUAL EXCHANGE form.

SHARING HEALTH CARE INFORMATION

In order to provide a safe and healthy environment for your child, the school nurse may need to share information about your student's health condition with teachers and essential school staff. If you have questions, please contact your school nurse or Health Services.

CONTACT INFORMATION

Please provide correct & current contact numbers, and update with School Nurse if needed.

Name of Health Care Provider: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Parent or Guardian 1

Name: _____
Home phone: _____
Cell phone: _____
Work phone: _____
Email: _____

Parent or Guardian 2

Name: _____
Home phone: _____
Cell phone: _____
Work phone: _____
Email: _____

Student's Name

Your Name (printed)

Relationship to Student

Signature

Today's Date

Nurse Review Date/Initial: _____

SEATTLE PUBLIC SCHOOLS EMERGENCY INFORMATION AND STUDENT RELEASE FORM

SCHOOL Hazel Wolf K-8

Student's Last Name _____ First Name _____

Address _____ Phone _____ Bus# _____ Grade _____

Name of sibling(s) enrolled at same school _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

GUARDIANS/NEIGHBORS TO WHOM STUDENT CAN BE RELEASED IN AN EMERGENCY: (Please designate those authorized to pick up your child, keeping in mind the geographical location of the school your child attends.)

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please provide contact information for a friend or family member, who lives out of state, who can be contacted in the event local telephone service is interrupted _____

MEDICATION OR CONDITIONS THAT REQUIRE ATTENTION IF A CHILD NEEDS OVERNIGHT CARE AT THE SCHOOL ARE AS FOLLOWS: _____

(Provide 72 hours of the essential medication and complete required "Medication Authorization" form.)

EMERGENCY MEDICAL RELEASE: In the event of a severe emergency or natural disaster such as an earthquake, it is recognized that I may not be able to be reached. Should such an incident occur, I authorize the Seattle School District to refer my child _____ as appropriate for any necessary medical treatment. It is my intent and understanding that this medical release be used only in a case of extreme emergency when attempts to reach me have failed.

PARENT/GUARDIAN SIGNATURE _____

Date Signed _____