

\*\*\*\*\* PARENTS – PLEASE READ AND SIGN EACH SECTION \*\*\*\*\*

**Compulsory Education Information Letter**

Because of the school's commitment to quality education, we are concerned when a student misses school for any reason. The Jordan School District requires that all students achieve mastery in the basic skills identified for reading, language arts and mathematics. Absence from school interferes with the student's opportunity to master these skills.

According to the Utah Compulsory Attendance Laws (53A-11-101), every school age child from six to eighteen years of age must be in school. The parents are responsible for their student's regular school attendance. It is a misdemeanor if you fail to have your student in regular attendance.

Occasionally, a student must be absent from school for reasons which are acceptable to the school as well as the court. Please notify the school every time your student is absent explaining the reason. The school and the court usually require a statement from a doctor regarding extended absences for illness. Your cooperation is needed to help us give your student a quality education.

Please sign below indicating you have read the Compulsory Education Information letter of Jordan School District.

✓ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

✓ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Agreement to Information Network Acceptable Use Policy**

I have read district policy AA445 – Student Information Network Acceptable Use Policy and agree to abide by its terms and conditions. I understand that violation of the use provisions stated in the policy may result in limitation, suspension or revocation of network privileges and/or other disciplinary action by the school, Jordan School District, or by legal authorities.

✓ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

As a parent or legal guardian of this student, I have read and discussed with my child district policy AA445 – Student Information Network Acceptable Use Policy. I understand that this access is designed for educational purposes. I also recognize that access to all controversial materials on a worldwide network cannot be controlled and I will not hold the district responsible for materials acquired on the network. I hereby give my permission for access to electronic information resources for my child.

✓ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Web Site Release Form**

The faculty and administration at your child's school like to recognize students that have excelled in academics, arts, athletics, student government, or other school or community related events. A portion of this recognition may be posted on the school's web site. This includes individual, group or team pictures. Names will only be placed on the web site when a student receives an award. No personal contact information, such as address, phone number, e-mail address or other personal information will be posted on the web site.

I give the school permission to use my child's name and picture on the official school web site.

✓ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

--- Complete Both Sides ---

## JORDAN SCHOOL DISTRICT—STUDENT HEALTH PROFILE

THIS CARD SERVES AS AN EMERGENCY REFERENCE ONLY. Please refer to Box A to request a special Health Care Plan for your child. A separate card should be filled out and returned to the school for each student. If the student has no health problems, fill in the top portion and check "none" (#1 below).

Year \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M  F

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical Provider \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any serious health concerns?

Yes

1. None
2. Asthma
3. Diabetes
4. Seizures
5. Life threatening allergies
6. Allergies to medications
7. Chronic Conditions

Briefly describe current medical problems that may result in an emergency at school.

Does your child ride the bus? Yes  No

**BOX A.** If your student requires the District nurse to complete an Individualized Health Care Plan, you must obtain a *Jordan School District Request for Special Health Care Services and Release of Confidential Information Form* and return it directly to your school principal.

**EMERGENCY REFERENCE ONLY.** Parents must complete a medication administration form, signed by a doctor, for all medications given at school. See main office for forms.

**List all medications child is taking at home and at school:**

Name of Medication	Reason for Medication	Dosage	Time given
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Needs: i.e., location in classroom, wheelchair, hearing aides etc. \_\_\_\_\_

I give permission to share the information on this card with school personnel who have a need to know my child's health concerns. Yes  No

Do you currently have health insurance or medical coverage? Yes  No

If you checked no, you may call 1-877-543-7669 for information about CHIP (Children's Health Insurance Program) or MEDICAID.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

If changes in the above information occur during the school year, please notify the school so the card can be updated.