



Northwest Arctic Borough School District

“To graduate students with the skills and knowledge to be good citizens”

P.O. Box 51 • Kotzebue, Alaska 99752 • Phone (907) 442-3472 • Fax (907) 442-2392

Leading the Way



MISSION:

“To graduate students with the skills and knowledge to be good citizens.”



VISION:

To be a leader in Pre-K – 14 education based on student achievement and graduation rates.



Student Enrollment Packet

Dear Parents/Guardians:

Greetings and welcome to another school year!

This student enrollment packet includes forms the school needs to meet state and federal compliance and information that will help us to better serve your child.

Over time, student records may become outdated. In an effort to keep up with any changes, please take a few minutes to review and complete the following forms for your child(ren) and return to the school as soon as possible. Please submit all forms to your school.

The packet includes the following:

Student Registration

This information needs to be completed even if you completed one last year since many of the items may have changed. Please be sure to sign and date this form. **Providing the school with emergency contact numbers are especially important.**

Health Care Emergencies

Authorization for emergency health care is vital. We may not be able to reach you if your child is ill or injured and needs medical attention.

NWABSD Medication Prescriber/Parent Authorization Form for Self Administration/Self Possession (two pages)

These forms needs to be completed for those students who will be self-administering medication in a manner directed by the physician without additional director or supervision by school staff.

Serving the Villages of

Ambler • Buckland • Deering • Kiana • Kivalina • Kobuk • Kotzebue • Noatak • Noorvik • Selawik • Shungnak

Northwest Arctic Borough School District Acceptable Use Policy for District Students and Permission to Publish

These four pages review the District's rules and procedures concerning computers, Internet access and use, and permission to publish your child's documents and projects on the World Wide Web (Internet).

Home Language Survey

This form needs to be completed for all students entering the District and/or entering school for the first time. If you completed one for your child last year, it does **not** have to be done again.

(FERPA) Release and Disclosure

This form addresses the release of directory information regarding your child. If you give permission to release information, you do **not** have to complete this form. The Parent/Student Handbook includes additional FERPA (Family Educational Rights and Privacy Act) information form.

Title VII Student Eligibility Certification

This form needs to be completed for all students entering the District and/or entering school for the first time. If you completed one for your child at the time your child was initially enrolled, it does **not** have to be done again.

Migrant Education Parent Questionnaire

This form needs to be completed (one for each household) each year. Please make sure you list all children living in the home on one form and return that form so that you do not have to complete the form for each child living in the household.

Free and Reduced Lunch Application

These forms will be sent home to parents separately from this packet.

Thank you and have a great year!



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HEALTH CARE EMERGENCIES

Parents/Guardians:

If an accident or illness occurs, the Northwest Arctic Borough School District will attempt to notify the parent/guardian. If we cannot reach you, we will attempt to notify the alternate emergency contact that you provide. However, please complete the following Authorization for Emergency Medical Treatment. This authorization can be used to obtain emergency medical care for your child in the event you cannot be reached.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, _____, parent/guardian of _____, consent to emergency transportation, medical treatment, care or hospitalization as deemed necessary for the welfare of my son/daughter by the local health care provider, in the event an injury or illness occurs while my son/daughter is at school or a school sponsored activity. I understand that the School District will assume no liability or costs for such emergency transportation and medical treatment.

Parent/Guardian Signature

Date

Revised: July 2010

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ADMINISTERING MEDICATION

**NWABSD Medication Prescriber/Parent Authorization Form
for Self Administration/Self Possession**

Self-administration means that the student can administer the medication in a manner directed by the physician without additional direction or supervision by school staff. Self-possession means that under the direction of the physician, the student may carry medication on his or her person to allow for immediate and self determined administration. For medication other than inhalers, only that day's supply for medication is to be carried. The school district recommends that spare medication, properly labeled in its origin container, be kept in the clinic/office in case the student runs out/forgets the medication. The building administrator may discontinue the student's self-administration privilege upon advanced notice to the parent/guardian. The student must carry a copy of this form at school.

Student Name: _____ Birth date: _____ Teacher/Counselor: _____

School: _____ Grade: _____ School Year: _____

To be completed by physician/licensed prescriber:

	Medication Name	Dose	Time to be given	Form/Route	Side Effects	Adverse reactions
1.						
2.						

Routes – oral (Pill/Capsule/Chewable/Liquid) – topical (eye drops, ointment) – topical ear drop – injection – other (list)

List minimal frequency between doses (especially if P.R.N.):

If P.R.N., list symptoms/ condition under which medication is to be given:

The student is capable of ____ self administering ____ self possession of the above medication(s)

Physician's Signature Date

Print name

Physician phone number

Fax number

Address

ADMINISTERING MEDICATION (Continued)

Student name: _____

**NWABSD Medication Prescriber/Parent Authorization Form
for Self Administration/Self Possession (Continued)**

To be completed by parent/guardian:

I request and give permission for (name of child) _____ to receive the above medication(s)/treatment at school according to standard school district policy and for the physician(s)/staff and school district to share information needed to assist my child with medication needs. Schools require parent/guardian to bring medication in its original container. I, the parent/guardian, release the liability of the school and its employees or agents for injury arising from self-administration and to indemnify and hold harmless the school and its employees for claims arising from self-administration.

Parent Signature Date

Print name

Phone number

Address

To be completed by student:

I agree to:

1. Never share my medication with another person.
2. Carry the medication in its original labeled prescriptive/over the counter container.
3. Take medication only at the prescribed time/frequency and dose.
4. Keep a copy of this form and back up medication in the school office/clinic.

I am knowledgeable regarding the dose, desired effects, side effects, administration, etc. of the medication(s). I understand if I do not comply with this agreement that the medication will be confiscated and returned to my parents/guardians, and the privilege of self administration/self-possession denied.

Student signature Date

**Northwest Arctic Borough School District
Acceptable Use Policy for District Students
(Grades 4-12)**

Introduction

On the school network and on the Internet you may participate in a variety of activities that support learning. With access to other networks and people around the world, you may have access to information that may not be appropriate. The Northwest Arctic Borough School District has taken measures to prevent access to inappropriate information. However, we cannot control all the information available on the Internet. The district is not responsible for other people's actions or the quality or content of information available through this service. We trust our students to know what is appropriate and what is inappropriate.

The following guidelines are intended to help you use the network appropriately. If you do not follow our use policies listed here, your privilege of using the network may be withdrawn. Failure to follow these rules may also result in other forms of discipline.

Your Use is Not Private

School computers are the property of the district. You should not expect that your use is private or that files stored on the system are private. Your teacher or other authorized school employees, may, at any time, review the subject, content, and appropriateness of electronic access, communications, or other computer files, and remove them if warranted, reporting any violations of rules to the school administrator or law enforcement officials.

User Agreement

The use of school and district networks must be in support of education, research, and the educational goals of the Northwest Arctic Borough School District. You are personally responsible for this provision at all times when using building or district networks.

The use of another organization's networks or computing resources must comply with these rules as well as rules appropriate to that network;

Transmission of any material in violation of School Board policies and federal, state, or local laws is prohibited. This includes, but is not limited to, copyrighted material, threatening or obscene material, or material protected by trade secret.

All sites containing sexually explicit materials—materials showing male or female nudity—are off-limits to students.

The school district will not be responsible for any unauthorized charges or fees resulting from access to computer networks.

Be familiar with these rules and how to use the Internet before getting on-line. If you have any questions about these rules, please ask your teacher. Be aware that the inappropriate use of electronic information resources can be a violation of school rules, local, state, and federal laws and that you can be prosecuted for violating those laws.

(Over)

Network Etiquette and Privacy

You are expected to abide by the generally accepted rules of network etiquette. These rules include but are not limited to:

BE POLITE: Never send, or encourage others to send, inappropriate or abusive messages.

USE APPROPRIATE LANGUAGE: You are a representative of your school and your district on a public system. Never swear, use vulgarities, or any other inappropriate language.

PRIVACY: Do not reveal the addresses or phone numbers of friends or colleagues without written permission.

DISRUPTIONS: Do not use the network in any way that would disrupt the use of the network by others. Do not damage hardware or software.

REPRESENTATIONS: Do not originate anonymous messages or represent a message to have been authored by another. All correspondence should be clearly identifiable as to its originator. Any transmission or use which has the purpose or effect of promoting hatred or harassment is prohibited.

Security

If you identify a security problem in the building or district network, notify the system administrator at once. Never demonstrate a problem to other users. Never use another individual's account. Never tell anyone your password. Any user identified as a security risk will be denied access to the network, and may be liable for disciplinary action or prosecution.

Vandalism

Vandalism is defined as any malicious attempt to physically deface, disable, or destroy computers, peripherals, or other network hardware or to harm or destroy data of another user or any other agencies or networks that are connected to the system. Any vandalism will result in loss of network privileges, disciplinary action, or possible legal referral.

Student Name: _____

Acceptance: *I have read the Northwest Arctic Borough School District Acceptable Use Policy for Building and District Networks for Students. I agree to follow these rules and use school and district networks in an appropriate manner.*

Student Signature

date

Acceptance: *I have read the Northwest Arctic Borough School District Acceptable Use Policy for Building and District Networks for Students. I understand that determined users may be able to access services and communicate with people on the Internet that the district has not authorized for educational purposes. I also acknowledge that students may intentionally or unintentionally gain access to information and communications that they or I find inappropriate, offensive, controversial, or otherwise objectionable. I understand that by authorizing my student's use of the Internet, I assume these risks. I approve of my child's participation in network activities.*

Parent(s) Signature

date

**Northwest Arctic Borough School District
Acceptable Use Policy for District Students
(Grades K - 3)**

Student's Name: _____

Dear Parents;

Your child's teacher has read this document to his/her class and explained the importance of using the Internet and other computer resources appropriately. We want to make you familiar with these rules as well. Please review these rules with your child, sign and date the form, and return it to your child's teacher. If you have any questions, ask your child's teacher.

I have read and understand this document.

Parent(s) Signature

date

I understand that I may use the Internet under the direction of my teacher if I follow these rules:

I am responsible for using the Internet in an appropriate way. I may use the Internet for research, to communicate with others, and do assignments from my teachers.

If I use someone else's networks, I must obey the rules of that network.

It's against the law to send certain things over the school networks. I will not send copyrighted, threatening or obscene material over school networks.

My teachers will set rules for using school networks, and I agree to follow them. I know that the inappropriate use of our networks can break school rules and sometimes even break the law.

I will never harm or destroy computers or harm or destroy the work of another person on our school system or any other system.

When I am using school networks, I will always: **BE POLITE:** Never send, or tell others to send, abusive messages. **USE APPROPRIATE LANGUAGE:** I will never swear or use any other inappropriate language or threaten or humiliate others. **RESPECT PRIVACY:** I will not tell my home address, phone number, or names or addresses of family members, or the addresses or phone numbers of other students. **AVOID DISRUPTIONS:** I will not use the network in any way that would disrupt the use of the network by others. **BE HONEST:** I will not send anonymous messages or represent a message to have been written by someone else. I will always sign all messages I send with my name and e-mail address.

Northwest Arctic Borough School District Permission to Publish

Dear Parent/Guardians:

As part of your son's/daughter's educational program, (s)he will have the opportunity to publish documents and projects in newsletters, on the World Wide Web, audio/video productions, and other print media. These documents might include a personal home page, a story or poem, a graphic, a science or research project, a group photograph from an activity or club, or a collaborative project with other students locally or internationally. Individuals with Internet access around the world will be able to view and possibly respond to your child's work by electronic mail and/or through print media. We think this is an exciting and enriching opportunity for our students.

We will publish these documents only with your written permission. Please consider the following options, then sign and return this form to your child's teacher. To see examples of work that is already published on the World Wide Web, ask your child's teacher. Thank you for your cooperation.

Northwest Arctic Borough School District Guidelines:

Published documents may not include a child's phone number, street address, or box number, or names of other family members;

Documents may not include any information which indicates the physical location of a student at a given time other than attendance at a particular school or participation in school activities;

Documents may not contain objectionable material or point directly or indirectly to objectionable material;

Documents must conform to school board policies and established school guidelines.

Additionally, documents must be edited and approved by a teacher and school principal before publication.

Parent/Guardian Permission:

I grant _____ permission to publish documents in newsletters, on the World Wide Web, audio/video productions, and other print media as described above, including the following: (Initial all that apply)

initials _____ First Name
initials _____ Last Name
initials _____ Photograph
initials _____ Return e-mail address

I **do not** grant _____ permission to publish documents as described above.

Parent(s) Signature

date

NORTHWEST ARCTIC BOROUGH SCHOOL DISTRICT
P.O. BOX 51
KOTZEBUE, ALASKA 99752
TELEPHONE (907) 442-3472 ♦ Fax (907) 442-2392

RELEASE AND DISCLOSURE

(Directory Information Board Policy 5125.1)

The **Family Educational Rights and Privacy Act (FERPA)**, a federal law, requires the District, with certain exceptions, to obtain your consent prior to disclosing personal information from your student's education records. The law recognizes, though, that schools often desire to publish student information, for example, to recognize students through awards or athletic programs. Additionally, outside organizations such as colleges, legislators, the military, and vendors for items such as photographs or class rings, often seek contact information for students. To meet this need, FERPA allows the District to designate as "directory information" any personally identifiable information in a student's educational records that would not generally be considered harmful or an invasion of privacy if disclosed. School officials may release directory information about a student without first obtaining parental consent, unless you object by returning this form.

The District has identified the following information as directory information: student name, address, telephone number, date and place of birth, major field of study, dates of attendance, degrees and awards received, name of school most recently attended, participation in officially recognized activities and sports, and height and weight of athletic team members. This list is found at Northwest Arctic Borough School District Board Policy, Article 5, section 5125.1. A copy of this policy is available for review in the office of all our schools, or on the District's website (www.nwarctic.org).

In two instances, the District is required by law to release certain contact information regarding junior and senior high school students, unless you object. First, the District is required to provide to the University of Alaska the names and addresses of those students eligible for UA scholarship programs. Second, upon receiving a request from military recruiters and/or institutions of higher learning, the District must provide names, addresses, and telephone listings.

If you do not want the District to disclose directory information from your student's education records during this school year, you must notify the District, in writing, by returning this form. If you have no objections to the release of directory information, you do not need to take any action.

Thank you for your cooperation.

(see other side)

I Do **NOT** give permission for the release of directory information regarding my child. (For parents of junior and senior high school students, this form also prevents release of phone numbers and other contact information to military recruiters and/or postsecondary educational institutions.)

Student Name _____

Teacher _____

Date _____

Parent/Guardian Signature _____

Revised: June 20, 2007

U.S. DEPARTMENT OF EDUCATION
 OFFICE OF INDIAN EDUCATION
 WASHINGTON, DC 020202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
 Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ **Date of Birth** _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is (check one)

<input type="checkbox"/> Federally Recognized, Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group Meeting #5 of the Definition Above
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Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ **OR**

B. Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ **DATE** _____

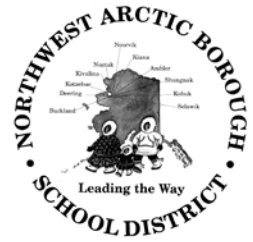
Mailing Address _____ **Telephone** _____

Notice: Public Reporting Burden Notice on Reverse Side

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1810-0021**. The time required to complete this portion of the information collection is estimated to average .25 hours (15 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washing, DC 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Ave., SW, FOB-6, Washington, DC 20202-6335.

NORTHWEST ARCTIC BOROUGH SCHOOL DISTRICT
P.O. BOX 51
KOTZEBUE, ALASKA 99752
TELEPHONE (907) 442-3472
FAX (907) 442-2392



Request for Migrant Education Interview

Would you like to be contacted to apply for Migrant Education status?
(please circle one)

YES

NO

**If YES please fill out the remainder of this form and return
to the School Secretary today, or at your earliest convenience.
Taikuu (Thank you).**

Name (please print): _____

Address: PO Box _____

If you are from Kotzebue, please include your house number: _____

Phone number: _____

Please list all of your children in your home: _____
