

STUDENT ENROLLMENT DOCUMENTATION

Parent/Guardian must supply the following items for all NEW students upon enrollment.

Immunization records: Students must have proof of all immunizations, or valid exemption, in order to attend the **first day** of school. Arizona law allows exemptions for medical reasons, lab evidence of immunity and personal beliefs. Homeless students are allowed a five-day grace period. The Mohave County Department of Public Health will provide free immunizations to all AHCCS, kid's care, uninsured or underinsured and Native American or Alaskan native children. Take your child to your primary care provider if you have private health insurance which covers the cost of immunizations.

Note: For students PREVIOUSLY ENROLLED, we have immunization record on student's file.

Original Birth Certificate: This certificate is used to verify the correct legal name and birth date. In compliance with federal, state, and district guidelines, all students are enrolled using the legal name on the student's birth certificate UNLESS there has been a court-ordered name change and a photocopy of the name change has been provided at enrollment.

Note: For students PREVIOUSLY ENROLLED, we have copy of birth certificate in student's file.

Legal guardianship or custody papers: Are necessary, if applicable to this student based on the following scenarios:

- If an adoption has taken place, it is reflected with an amended birth certificate, and student lives with adoptive parents as listed on the amended birth certificate, that is sufficient.
- If student lives with **one custodial parent as the result of a divorce.**
- In case of an Emergency Custody Order we must have a copy as soon as possible.
- If the student lives with anyone else, i.e. grandparents, aunt, uncle, sibling, friends or other relatives. **We must have a copy of the court papers granting guardianship within 30 days of enrollment.**

Parent's Photo ID: Parents/Guardians need to provide a copy of Photo ID to keep on file for each student.

Homeless Education Assistance Survey: You must complete the Mc-Kinney Vento Homeless Education Survey to determine eligibility for potential services as a homeless individual.

Age Limitation *(There are no exceptions to the age limitations stated below)*

Enrollment information:

- **Kindergarten** – A student enrolling in kindergarten must be five (5) years of age on or prior to August 31st in the school year for which you are applying (Arizona Revised Statutes 15-821).
- **First Grade** – A student enrolling in first grade must be six (6) years of age on or before August 31 in the school year for which you are applying (Arizona Revised Statutes 15-821)

STUDENT INFORMATION

Name: _____ Middle: _____ Legal Last Name: _____

Date of Birth: _____

Student's Physical Address: _____ City: _____ Zip Code: _____

Mailing address: _____

Gender: ☐ Male ☐ Female Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (mark all that apply) ☐ White ☐ Black or African American ☐ American Indian or Alaska Native

☐ Asian ☐ Native Hawaiian or other ☐ Pacific Islander

Grade (Mark One): _____ KG ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

Please mark the corresponding checkbox with your answer:

1) Do you currently have a device at home for your child (computer/tablet/laptop) ☐ YES ☐ NO

2) Access to the internet at home? ☐ YES ☐ NO

Has your child ever received any of the following: ☐ Special Ed ☐ Gifted ☐ Title I ☐ ELL ☐ Speech

Other: _____

Mother's information:

| | | |
|------------------|----------------|-------------|
| First Name: | Last Name: | Home Phone: |
| Address: | | Cell Phone: |
| Mailing Address: | Employer: | Work Phone: |
| E-mail address: | Date of birth: | |

Father's Information:

| | | |
|------------------|----------------|-------------|
| First Name: | Last Name: | Home Phone: |
| Address: | | Cell Phone: |
| Mailing Address: | Employer: | Work Phone: |
| E-mail address: | Date of birth: | |

Legal Guardian/Other Information: ☐ Legal Guardian ☐ Step Parent ☐ Other:

| | | |
|------------------|----------------|-------------|
| First Name: | Last Name: | Home Phone: |
| Address: | | Cell Phone: |
| Mailing Address: | Employer: | Work Phone: |
| E-mail address: | Date of birth: | |

Custody of Student: ☐ Joint ☐ Mother ☐ Father ☐ State ☐ Temporary ☐ Other:

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Foster ☐ Other:

Other Children living in the home:

| | | |
|-------|-------------------|------|
| Name: | School and grade: | Age: |
| Name: | School and grade: | Age: |
| Name: | School and grade: | Age: |
| Name: | School and grade: | Age: |
| Name: | School and grade: | Age: |

I Certify, by my signature, that I am either the parent or guardian of the above student and that the above information is true, accurate and up to date.

Parent/Guardian signature:

Date:

PARENT NOTIFICATION

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children, UNLESS a parent has a court order that indicates which parent has custody of the child/children.

The school MUST HAVE A COPY OF THE COURT ORDER on file, otherwise either parent may check the child out of the school with proper identification, and have parental rights regarding educational decisions for the child/children

I have read the above statement of the law.

STUDENT'S NAME: _____ **GRADE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

NOTE: The courts must handle custody disputes. The school has no legal jurisdiction to refuse a biological parent access to their child and/or school records. The only exception is when signed restraining orders or proper divorce/custody papers, specifically stating visitation limitations, are on file in the school office. Any student release situation, which leaves the student's welfare in question, will be handled at the discretion of the site administrator or designee. Should any such situation become a disruption to the school, the Sheriff's Office will be contacted and a Deputy will be requested to intervene.

Parents are asked to make every attempt not to involve the school in custody matters.

STUDENT HEALTH HISTORY

| | |
|------------------|--------|
| NAME OF STUDENT: | GRADE: |
|------------------|--------|

BIRTH DATE: / / GENDER: ☐ MALE ☒ FEMALE

The following information may be helpful in assessing a child's health/learning. If you do not wish to complete the entire form you may speak personally with the school staff in charge.

PLEASE MARK BELOW IF YOUR CHILD HAS EVER HAD ANY OF THE FOLLOWING AND INDICATE AT WHAT AGE.

| | | | | | | | | | | |
|---|------|--|-----------------------------|------|--|------------------------|------|--|-----------------------|------|
| Arthritis | Age: | | Diabetes** | Age: | | Kidney Disorder | Age: | | Stomach problems | Age: |
| Allergies (Note below) | | | Seizure disorder/epilepsy** | Age: | | Migraines | Age: | | Strep/Tonsillitis | Age: |
| | | | | | | (Diagnosed by a Doctor | | | | |
| Anemia | Age: | | Ear infections | Age: | | Orthopedic problems | Age: | | Tuberculosis | Age: |
| Asthma** | Age | | Headaches: | | | Osgood-Schlatter's | Age: | | UTI (Diagnosed by Dr) | Age: |
| <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | | | Heart Concerns: | Age: | | Rheumatic Fever | Age: | | Valley Fever | Age: |
| ADD/ADHD | Age: | | Hepatitis | Age: | | Scarlet Fever | Age: | | Emotional problems | Age: |
| Chicken Pox: | Age: | | High blood pressure** | Age: | | Speech problems | Age: | | Other: | |

**** These students must have a CURRENT treatment plan in file.****

Allergy type (food, medication, bee sting, etc.) EPI Pen ☐ Y ☐ N Inhaler ☐ Y ☐ N

Please respond "YES" or "NO" to the following questions:

| | | | | | |
|----------------------------|----------------------------|---|----------------------------|----------------------------|---|
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Is the student receiving treatment for any physical problems? | <input type="checkbox"/> Y | <input type="checkbox"/> N | Does the child wear tubes in ears or hearing aid? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Has the child ever had an accident or injury requiring hospitalization or surgery? | <input type="checkbox"/> Y | <input type="checkbox"/> N | Are there any significant behaviors that may affect this child's performance in school or that may be of concern? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Is your child restricted from any physical activities? (must have note from Doctor) | <input type="checkbox"/> Y | <input type="checkbox"/> N | Has the child ever had a psychological exam? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Does the child wear glasses or contacts? | <input type="checkbox"/> Y | <input type="checkbox"/> N | Is the child enrolled in any special classes (Learning Disabilities, speech, reading, hearing, visual impaired, emotional or physical, handicap)? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Does the child have any other vision difficulties? | <input type="checkbox"/> Y | <input type="checkbox"/> N | Does your child have any food or dietary restrictions? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Does the Child have any hearing problems? | <input type="checkbox"/> Y | <input type="checkbox"/> N | Is your child currently taking any medications? Note: prescriptions administered at school must be brought to school by the parent/guardian in original container showing clear, written instructions and with written permission by parent/guardian to administer medication. |

PLEASE
EXPLAIN YES
ANSWERS

| |
|--|
| |
|--|

The school nurse, or designee, has my permission to give my child over the counter medication as checked. Please remember that some of the medication is not available at the school and it is the responsibility of the parent to provide them.

| | | | | | | | |
|--|--|--|------------------------------------|--|--------------------------|--|---------------|
| | Acetaminophen/Generic Tylenol Dosage: | | Ibuprofen/Generic Advil Dosage: | | Hydrocortisone Cream | | Antacids/Tums |
| | Anbesol/Orajel | | Cough Drops | | Hydrogen Peroxide | | Pepto Bismol |
| | Antibiotic Ointment | | Eye wash | | Calamine/Caladryl lotion | | |

NOTE: Medication will not be given without written permission. All other medications must be supplied in the original container by the parent with written instructions and permission. Per A.R.S. § 15-344 medication may never be carried by the student. The only exceptions being asthma inhalers or epi-pens with written instructions from the physician and parent in the student's medical file.

EMERGENCY MEDICAL INFORMATION

| | | |
|-------------------------|---|--------|
| NAME OF STUDENT: | | GRADE: |
| BIRTH DATE: / / | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |

MOTHER OR GUARDIAN:

| |
|-------|
| NAME: |
|-------|

FATHER OR GUARDIAN:

| |
|-------|
| NAME: |
|-------|

Your child will not be released to any other person without your written permission.

| | | | |
|-------|---------------|---------------|-------------|
| Name: | Relationship: | Phone Number: | Work Phone: |
| Name: | Relationship: | Phone Number: | Work Phone: |
| Name: | Relationship: | Phone Number: | Work Phone: |
| Name: | Relationship: | Phone Number: | Work Phone: |

Health insurance provider:

| | | |
|------------------|----------------|-------------------------------|
| AHCCS/Kids care: | Policy Number: | <input type="checkbox"/> None |
| Private: | Policy Number: | |

Family physician: _____ Phone Number: _____

-
Family Dentist: _____ Phone Number: _____

I give permission for my child to be transported to the nearest emergency medical facility by whatever means necessary to secure further emergency care as determined by the school district. ☐ YES ☐ NO

I give consent for treatment deemed necessary for my child by my family physician or physician rendering services at a medical facility to which my child has been transported for emergency treatment. ☐ YES ☐ NO

I give permission for Owens-Whitney School District to secure emergency medical treatment for my child as needed in the event that I cannot be reached. It is understood that the school will make every effort to contact the parent or guardian and other persons listed above before arranging for transportation to an emergency facility. ☐ YES ☐ NO

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO PICKUP STUDENT

Note: Each student is required to have this form on file.

I understand that if the person who requests to pick up my child is not listed below, he/she will not be able to take my child from school property.

[illegible]

APPLICATION FOR TRANSPORTATION REIMBURSEMENT

This is to certify that the undersigned is the parent/guardian of a minor child/children who live at least three miles from the District School. The undersigned hereby requests reimbursement funds for the transportation of said child/children to the District School. Transportation reimbursement will be 62 ¢ per mile.

If, for some reason, the mileage changes, it is the responsibility of the parent/guardian to notify the school in writing of the number of days and the distance of the alternate route. These changes must be submitted by the first Thursday of each month. If the changes are not submitted on time, reimbursement will be calculated using the original mileage.

NOTE: You may include all your children on one form. You do not need to fill out this form for each child.

| | | |
|------------------------------------|-----|-------|
| TOTAL MILEAGE FROM HOME TO SCHOOL: | | |
| NAME | AGE | GRADE |
| | | |
| | | |
| | | |
| | | |
| | | |

Parent/Guardian Signature: _____ **Date:** _____



State of Arizona
Department of Education

Office of English Language Acquisition Services



**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ District _____
Student ID _____
Date of Birth _____ SSID _____
Parent/Guardian Signature _____ Date _____
District or Charter _____
School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please indicate the student's home or primary language. (Revised 01-2019)

CONFIDENTIAL MCKINNEY-VENTO HOMELESS EDUCATION ASSISTANCE PROGRAM ELIGIBILITY QUESTIONNAIRE

Your child may be eligible for additional services through the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. To determine eligibility, please complete this form. All information is confidential.

1. Is the student's home address a temporary living arrangement? Yes _____ No _____
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes _____ No _____

If you answered YES to BOTH of the above questions please complete the remainder of the form.

If you answered NO to BOTH of the above questions, you may STOP here. Thank you.

Where is the student currently living?

In a motel

In a shelter

Temporarily staying with one or more families in a residence

Moving from place to place

In a place not designed for ordinary sleeping accommodations such as a car, park, campsite or the forest

_____ In a place without electricity, heat, or water

Name of Student: _____ School: _____ Grade: _____

Other children in the family:

| | | |
|-------------|---------------|--------------|
| Name: | School: | Grade: |
| Name: | School: | Grade: |
| Name: | School: | Grade: |
| Name: _____ | School: _____ | Grade: _____ |

The undersigned Parent/Guardian certifies that the information provided is correct. False claims about living situations may affect enrollment.

Name of Parent(s)/Guardian(s): _____

Physical Address: _____

Telephone Numbers (cell, home, work or contact): _____

Signature of Parent/Guardian _____ Date _____

For School Staff Only: Please immediately forward completed form to McKinney-Vento Homeless Education Assistance Program Liaisons.

Parent/Guardian/Student Tear Form Here

If you have any questions or believe you qualify for the McKinney-Vento Homeless Education Assistance Program, please call Owens Whitney McKinney-Vento Liaison Lee Gurney at (928) 765-2311 to access services.

The following is a list of possible services available from Owens Whitney School District for eligible McKinney-Vento students.

- Immediate school enrollment, Transportation to/from School, School Supplies, Tutoring, Free School breakfast/Lunch, Clothing & Toiletries, Information and Referrals to Community Services, Assistance in obtaining immunization records and birth certificates

PROGRAM MEDIA RELEASE

Background: During the school year, students may be photographed, recorded or filmed by Owens-Whitney School staff or other approved individuals. Students may also create schoolwork and/or other intellectual property, such as artwork, essays, and poetry ("creative work") as part of the educational process.

Purpose: The purpose of this Release is to give the District permission and authority to use and/or publish your and/or your child's name, image, and/or creative works to further the District's educational mission.

Consent and release: By signing below, I do hereby:

1. Authorize Owens-Whitney Unified School District to use, release, and/or publish my and/or my child's photographs, pictures, portraits or images herein described in any and all forms and media and in all manners, including creative work, for the purposes of publicity, illustration, publishing (including publishing in electronic form on CDs or internet websites), for any product or services, or other lawful uses as may be determined by OWUSD, without prior notice or compensation. The District may exercise its rights as it deems appropriate for its productions, for advertising, Facebook, and for other purposes. By signing below, I intend for the District to rely upon this Release; and
2. Release the District and its legal representatives for any and all claims related to the description above. I waive the right to inspect or approve any finished product, including written or electronic, wherein mine or my child's name, recording or photographs appear.

I have read and fully understand the terms of this release.

Student Name: _____ **Date:** _____ **Grade:** _____

Parent/Guardian Printed Name: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(Required for all students under 18)

I am the parent or legal guardian of the above-mentioned minor and have the legal right and authority to execute the above release on behalf of the minor and knowingly and voluntarily do so.

INTERNET USE AGREEMENT

Please read this document carefully. When signed it becomes a binding agreement.

Terms and Conditions

Acceptable use. I will use the service to support personal educational objectives within the educational goals and objectives of the School District. Inappropriate use may result in cancellation of use of information services and/or appropriate disciplinary action. I will not submit, publish, display, or retrieve materials forbidden by statutes, laws, or District policies and regulations.

Personal responsibility. I will report any misuse of the information service to a parent, teacher, or the system administrator, as appropriate. I understand that many services and products are available for a fee and acknowledge the responsibility for any expenses incurred without District authorization.

Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- *Respect privacy.* I will not reveal any home addresses or personal phone numbers.
- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the system by others.
- *Observe these other considerations:*
 - Be brief;
 - Try to use correct spelling and make messages easy to understand;
 - Use short and descriptive titles for my articles;
 - Post only to known groups.

Services. The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service (EIS) is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system as incorporated herein by reference. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Student's Printed Name: _____ **Grade:** _____

Student's Signature: _____ **Date:** _____

As the parent or guardian of this student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the information services. I also agree to report any misuse of the information services to a School District administrator. Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitations, racism, sexism, inappropriate language, or other issues described in this agreement.

I accept full responsibility for supervision if, and when, my child's use of the information services is not in a school setting. I hereby give my permission to have my child use electronic information services.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____ **Date:** _____

SPONSORING TEACHER

I have read this contract and agree to promote this agreement with the student. Because the student may use the network for individual work or in the context of another class, I cannot be held responsible for the student use of the network. As the sponsoring teacher, I agree to report any misuse of the information system to the District System Administrator. Misuse can come in any forms, but can be viewed as any message sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language and other issues described above.

Teachers Printed Name: _____ **Signature:** _____ **Date:** _____

****Fill out only if transferring from another school.*

AUTHORIZATION AND PERMISSION TO RELEASE MEDICAL, EDUCATIONAL AND/OR SPECIAL EDUCATION RECORDS

Student: _____ DOB: _____ Grade: _____

Previous School Attended: _____

Address (Previous School): _____

City/State/Zip (Previous School): _____

Phone Number (Previous School): _____

In compliance with the Family Education Rights and Privacy Act of 1974, I authorize the release of my child's school records, including gifted, educational, medical, social or special education information to Owens-Whitney Elementary School District No. 6.

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____

Please send or fax all records, including Special Education Records to Owens-Whitney Elementary School's above address.

☐ All records

☐ Special Education Records: My child is currently receiving special education services in the following area(s)

☐ Special Education Resource ☐ Special Education Self-Contained ☐ Speech ☐ ELL ☐ Title I

☐ Other:

*NOTE: Please refer to parent handbook for information about **FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)***

PARENTVUE AND STUDENTVUE

We have added a new parent and student platform which will help us keep an open communication between teachers, parents and students. (Please read below)

- ParentVUE provides parents with an opportunity to review their student's course progress and assists parents in the monitoring of their child's educational progress by allowing them to opt in for automatic notifications.
- Parents and students will have near real-time access to information on assignments and grades, attendance, class schedules, graduation status and more.
- ParentVUE offers a single sign-on to view school information for all siblings, regardless of the grade level or school of attendance.
- ParentVUE and StudentVUE are available as a mobile app for both Android and iOS devices. Downloadable documents are available on [Mobile Apps](#) page including a comparison of ParentVUE Web vs. Mobile App
- Parents can review contact information (phone numbers and email addresses).
- Communication tools throughout ParentVUE and StudentVUE promotes the contact between home and school.
- While the website is accessible over the Internet, access is secured via a user name and password. Parents can see information about their children, only, and cannot see the records of other students

To access ParentVUE for the first time, you will receive an activation key and instructions from your child's school to set up your account. You will be able to access via web browser or mobile app.

To access StudentVUE, students will be provided a user name and password with instructions from your child's teacher.

If you have questions about or want to update your child's information, please contact the school.

Please provide us with a valid email below to set up your ParentVUE account. Cut along the dotted line and return the bottom portion with enrollment packet.

Parent's name: _____

Email address: _____

Cell phone number: _____

School “Rules and Guidelines”

1. BREAKFAST:

- a. Breakfast is from 7:45 – 8:00 a.m.
- b. After the 8:00 a.m. bell rings, students need to go to the classroom straight from the cafeteria– NO detours to the restroom
- c. If a student arrives after 8:00 a.m. and needs to eat breakfast, he/she must check in with the classroom teacher for attendance before heading to cafeteria.

2. CLASSROOM:

- a. NO CELL PHONES IN CLASS. All cell phones are to be placed in the box at the teachers’ desks until the end of the school day.
- b. No personal laptop computers, music players, etc. will be allowed.
- c. ALL toys or anything that could be used as a distraction, should not be brought to school.
- d. Backpacks and coats are not allowed at desks and should be placed on the hooks provided in the classroom.

3. DRESS CODE:

- a. No hats or hoods will be worn in any building, except on a designated school spirit day.
- b. No sheer clothing (shirts or leggings) are allowed.
- c. Shorts must be longer than fingertips when placed straight by the side of the legs.
- d. Pants/shirts – no midriff (belly area) are to be shown when standing or moving
- e. Tank tops – straps must be wider than 3 inches

4. DISCIPLINE:

- a. No touching, kicking, pinching or name calling will be tolerated. This is Bullying and students will receive a write-up and/or detention.
- b. The following steps will be taken regarding discipline issues:
 1. Classroom teacher
 2. John St. Clair, Dean of Students
 3. Letter home – to be signed and returned
 4. Detention from 3:30 to 4:00 p.m.
 5. Mr. Bullington, Superintendent

5. SCHOOL WORK

- a. All class work will be done on time and turned in. No late work will be accepted.
- b. If a student is absent, they will be given one day to make up their work for each day they were absent.
- c. Same rules will apply for online instruction: ALL work must be turned in on time.

6. LUNCH & RECESS

- a. This is the time for restroom breaks. No breaks will be given during direct instruction, unless it is an emergency.

7. FOOD AND DRINKS:

- a. No food in the classroom or at the desk, unless during a school/class party
 - b. No designated snack time.
 - c. NO GUM on school property. Mints are allowed as long as trash is appropriately taken care of and the privilege is not abused (teacher's discretion).
 - d. No soda or coffee, only water is allowed and it must be in a clear container with a lid that locks or screws on.
8. CONSTRUCTION: If construction of any kind is currently happening on school grounds, stay away from taped/blocked off areas. Teachers will give specific instructions, if necessary. Safety is important! Please follow the rules!.
9. Flag Duty will be assigned by the teachers.

CONTINUED COVID-19 SAFETY GUIDELINES

10. PPE masks/shields are OPTIONAL during the ongoing pandemic.
11. Masks and/or shields (if worn) are not to be shared between students (it is your personal property and should be kept as such).
12. Personal property is to be kept at each student's desk or in their backpacks.
13. Students will not share pencils or books or any other school material.
14. Student laptops, mice and headphones will be cleaned and disinfected after each use.
15. Safe distance will be maintained at all times.
16. No physical contact will be permitted between students.
17. Hand sanitizer is to be used upon entering classrooms (Automatic hand dispensers will be placed at entrance).
18. Students will need to bring a water bottle with their name on it and not share with other students.