

**Grade Entering:**  
\_\_\_\_\_

**NORTHWEST MIDDLE AND HIGH SCHOOL**  
PO Box 1809 • Shiprock, NM 87420  
Phone: (505) 368 – 2202

**SY 24/25 RETURNING STUDENT ENROLLMENT APPLICATION**

*Any changes/updates must be made with the Registrar.*

*Confidential information will be protected by the Family Educational Rights and Privacy Act (FERPA).*

**STUDENT INFORMATION: (Full Name as Shown on Birth Certificate)**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male Date of Birth: \_\_\_\_\_ Tribe/Ethnicity: \_\_\_\_\_

Census Number: \_\_\_\_\_ Chapter Affiliation: \_\_\_\_\_ Enrolled Agency: \_\_\_\_\_

**EDUCATIONAL SERVICES:**

Special Education Program (IEP) \_\_\_\_\_ Yes \_\_\_\_\_ No Area of Disability: \_\_\_\_\_

Gifted & Talented \_\_\_\_\_ Yes \_\_\_\_\_ No Area of Category: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian #1** First: \_\_\_\_\_ M/I: \_\_\_\_\_ Last: \_\_\_\_\_

Father Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

Mother City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Step Father Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Step Mother Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Legal Guardian

**Parent/Guardian #2** First: \_\_\_\_\_ M/I: \_\_\_\_\_ Last: \_\_\_\_\_

Father Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

Mother City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Step Father Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Step Mother Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Legal Guardian

**AUTHORIZED STUDENT CHECK-OUT INFORMATION (IMMEDIATE FAMILY MEMBERS ONLY) – MUST BE 21 YEARS OLD W/ A PROPER ID**

	Name	Relationship to Student	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CONSENT OF PARENT/LEGAL GUARDIAN**

**SY: 2024 - 2025**

**Name of Student:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

**SCHOOL ACTIVITY CONSENT:**

**Agree**     **Disagree**

1. I give Shiprock Associated Schools, Inc.'s sponsors and/or residential staff my consent and permission to take my child off campus for school functions and overnight field trips.
2. I fully understand that my child is to abide by all rules and regulations governing field trip conduct.
3. I also understand that if it is determined that my child is in violation of the conduct standards, appropriate action will be taken, including sending him/her back home at my expense.
4. I hereby release and discharge Shiprock Associated Schools, Inc., employees, agents, and officers from all liability arising out of these field trips, activities, and functions.
5. I give consent for all of the above services.

**PHOTO RELEASE:**

**Agree**     **Disagree**

Shiprock Associated Schools, Inc. permission to use my child's picture in all school publications, including online publications. In compliance with the Child Online Protection Act, Shiprock Associated Schools, Inc. will not publish my child's name in any publication without my consent.

**Print Parent/Guardian:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL and MEDICATION CONSENT**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ NNMC Chart #: \_\_\_\_\_

**MEDICAL CONSENT: Agree Disagree**

I, (We) \_\_\_\_\_

In the event of a medical emergency, I hereby grant permission for the adult supervisors to obtain medical care from any licensed physician, hospital, or medical clinic for the student named herein at such time as either parent or guardian cannot be contacted in person or by phone. It is understood that the resulting expenses will be my financial responsibility.

**MEDICATION CONSENT:**

Agree

Disagree

The school nurse has my permission to administer a single dose of the following non-prescription medications:

Medications to reduce fever/headache/sore throat only, i.e. acetaminophen (Tylenol)

Yes  No

Non-steroid anti-inflammatory drugs for fever/headache/menstrual cramps/sore throat, i.e. ibuprofen

Yes  No

Antacids for Acid Reflux, i.e. Tums, Rolaids

Yes  No

Cough medications, cough drops only

Yes  No

Medications for severe allergic reactions i.e. Benadryl

Yes  No

Medication for oral pain, i.e. benzocaine (Orajel)

Yes  No

Medication for insect bite or rash, i.e. hydrocortisone cream

Yes  No

Medication for minor wounds, i.e. bacitracin cream

Yes  No

Is your child taking any prescribed medication? Yes  No

If yes, please indicate: \_\_\_\_\_

Is your child taking any over-the-counter medications? Yes  No

If yes, please indicate: \_\_\_\_\_

**If it is necessary for the student to bring medication from home (prescription or over-the-counter), a Medication Authorization Form must be presented to the nurse or front office.**

## Health Information

Check any of the following conditions that your child has or has had:

- |                                                     |                                                   |
|-----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> ADD/ADHD                   | <input type="checkbox"/> Head injury, concussion  |
| <input type="checkbox"/> Blood Disorders            | <input type="checkbox"/> Heart problems           |
| <input type="checkbox"/> Bladder or Bowel disorder  | <input type="checkbox"/> Muscle/Bone disorders    |
| <input type="checkbox"/> Cancer                     | <input type="checkbox"/> Seizures                 |
| <input type="checkbox"/> Depression/Anxiety         | <input type="checkbox"/> Surgeries (past 3 years) |
| <input type="checkbox"/> Diabetes                   |                                                   |
| <input type="checkbox"/> Other (please list): _____ |                                                   |
| <input type="checkbox"/> Asthma                     |                                                   |

Does your child have an inhaler?  Yes  No

Will your child keep an inhaler at school?  Yes  No

- Allergies (medication, food, insects, pollen, etc)
- Medication Allergies \_\_\_\_\_
- Food allergies \_\_\_\_\_
- Other allergies \_\_\_\_\_

Type of reaction (anaphylaxis, hives, etc): \_\_\_\_\_

Does your child have an Epi-pen?  Yes  No

If you answered yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

## Dental Examination

A new state law requires schools to verify student records of a dental examination within the past year before initial enrollment. If the student has not had a dental exam within the past year, the parent or guardian may sign the Student Dental Examination Waiver indicating they understand the risks associated with the student not receiving a dental examination.

Please check one of the following:

- I confirm that my child has received a dental examination within the past calendar year.  
Date of examination: \_\_\_\_\_
- My child has not received a dental examination within the past year. I understand the risks associated with my child not receiving a dental examination, and I request a waiver allowing my child to be enrolled. If checked, this signed document may serve as the Student Dental Examination Waiver as defined by NMAC 6.12.13.

**Consent to Share Medical Information**

I give permission for the nurse to share necessary medical information with teacher(s)/staff as the nurse deems appropriate.

**Consent to Share Medical Information**

I give permission for SASI RN to obtain/retrieve health care information from the student's medical (hospital, clinic, or designated agency). This information will be used in coordinating the educational program, ancillary therapy, and related school programs. This authorization is effective immediately and is valid for one year from the date of (electronic) signature. This authorization may be revoked by the submission of a letter to the school district. The revocation will not apply to information that had previously been released and authorization response.

**Parental/Guardian Consent:**

**Print Student Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



SHIPROCK ASSOCIATED SCHOOLS, INC.  
 P.O. Box 1809  
 Shiprock, New Mexico 87420  
 Business (505) 368-2100  
 Fax (505) 368-2076  
 www.sasischools.net

**HOME AND TRANSPORTATION MAP**

*In case of emergency, school officials need to know the location of your home.*

School Year: 2024-2025

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female

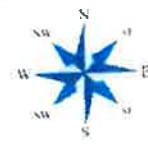
Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School Transportation required:  Yes  No

**Provide a map & directions to your home. If PM Route is different from AM Route, provide PM Route map & directions.**

**Residence/AM Route (Be Specific)** \*\*Bus Code: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

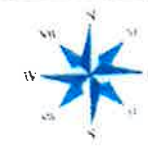


Home Location Directions: \_\_\_\_\_

Color of home: \_\_\_\_\_ Color of roof: \_\_\_\_\_ Distance from School: \_\_\_\_\_

Type of Home:  House  Mobile Home - Double Wide  Mobile Home - Single Wide  Hogan

**PM Route (Be Specific)** \*\*Bus Code: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_



Home Location Directions: \_\_\_\_\_

Color of home: \_\_\_\_\_ Color of roof: \_\_\_\_\_ Distance from School: \_\_\_\_\_

Type of Home:  House  Mobile Home - Double Wide  Mobile Home - Single Wide  Hogan

For School Official Only:  ABCS  NWHS/MS  Dormitory  CCSD  1<sup>st</sup> Change  2<sup>nd</sup> Change

\*\*Bus Code and Pick-up Time to be completed by Transportation Coordinator Revised 04/2019



## SASI Transportation Rules and Regulation

SY - 2024/ 2025

### Dear Parents and Guardians:

Please discuss the following information with your student(s) to maximize the safety of all students while passengers in school buses. These important procedure and regulations exist to promote and help ensure the safety of each occupant of the schools bus.

### Riding the School Bus is a Privilege not a Right.

Students who persist in violating these rules and regulations risk the loss of their riding privileges. In the event of a bus suspension, it will become the parent or guardian's responsibility to transport their student.

### School Bus Driver Authority

Bus drivers have the same authority on the bus as a classroom teacher has in the classroom. Students who ride the bus are under the direct supervision of the driver.

### Student Drop-Off Procedure

Parent/guardian will be required to fill out the Transportation Map. Pre-School, Kindergarten and special need students must be met at the bus stop by a parent/guardian. They will be returned to the school and it will be the responsibility of the parent/guardian to pick up the child.

### Unauthorized Riders, Stops or Boarders,

Any student not getting off at their designated stop will be required to have a note from their parent/guardian, signed and dated by the principal and then given to the Operation Manager & Bus Driver. The driver cannot accept any notes authorizing them to drop off students at a point other than the student's regular stop. Students will be picked up and dropped off only at their assigned stops. If a student misses the bus, parent/guardian must transport their student to the school. A void chasing the bus. If a parent/guardian or any un-authorized pupil enter the bus without driver's permission, it will be considered a trespass of SASI property and law enforcement may be pursued. No last minute request via email, phone text, and phone call(s) for pick up or drop off of student(s) at alternate location. All request(s) for alternate drop off or pick up should be communicated with school administration, Operation Manager, and school bus driver(s) by 2:00pm. The only exceptions are emergency situations or case by case situation. Anyone not associated with Shiprock Associated Schools, Inc. is an unauthorized riders, unless authorized by SASI Superintendent.

### Zero Tolerance Policy

SASI has a zero-tolerance policy on threats, possession or use of illegal drugs or weapons.

### Bullying and Harassment

Any method of bullying or other types of harassment will not be tolerated on our school buses. Students are responsible for communicating with the bus driver or other school personnel, if this type of behavior is happening on the bus.

### Vandalism

Tearing, cutting seats, breaking windows, dismantling seats, or writing on a bus surface, etc., will be reported to the School Principal, Operation Manager, and Security. There is a damage fee of \$75.00. Students are encouraged to report any damage to seats - or to other parts of the bus to the driver. Identified student(s) will be charged for the repairs and face bus suspension.

### Seating Assignments

The school bus driver will assign seats to students. The driver has the authority to reassign seats at will if he or she deems it necessary. It is the responsibility of the student to inform the driver of issues. All students must cooperate with the driver's requests.

### Inclement Weather, delays, or closing

All school delays or closing will be announced on local stations (KOB-F, KOAT, and KRQE) and the following radio stations (KTNN, KNDN, KTR, and KWYK).

### School Bus Rules

1. Students are to be at their bus stop five (5) minutes proper to the scheduled arrival time. The bus will not wait.
2. While at the bus stop, students shall conduct themselves in an orderly manner and stay out of the street. Students shall avoid littering and respect nearby property.
3. Students must wait until the bus comes to a complete stop and the doors are opened before approaching the bus and always use the handrail. Be careful that no belongings get caught.
4. Sit in assigned seats, facing forward, feet on the floor, and speak in a normal tone of voice.
5. Remain seated at all times unless getting on or off the bus. Students must keep the aisle clear at all times. Students must not place any body parts out of the bus windows.
6. Students must not use tobacco, drugs, alcohol or any controlled substances. This includes matches and lighters.
7. Food, gum, candy, or juice drinks and litter will not be allowed on the bus. Bottled water is acceptable.
8. Large items will not be allowed on the bus. Items must fit under the seat or in the student's lap.
9. Glass objects, skateboards, or balloons are not allowed on the bus.
10. Students will not be permitted to throw any items on the bus or out of the window.
11. Students must remember that being careless not only endangers their own safety, but also endangers the safety of others.
12. Students exiting the bus shall always cross 10 feet in front of the bus. No student is to cross the roadway to another loading zone. **DO NOT GO BEHIND THE SCHOOL BUS AT ANY TIME**
13. Use of obscene language or gestures will not be allowed on the bus.
14. If student misses three consecutive days (AM/PM Routes), the bus driver will not stop at the designated stop until Operation Manager reinstates student. The parent/guardian of the student must justify in writing prior of reinstatement.
15. Should you have any questions or wanted more information regarding student transportation, please call the Operations Manager at (505) 368-2100 EXT 2114 OR (505) 635-0350 from 7:30 AM -3:30 PM (M-F).

### Flip over to sign

# SASI Transportation Rules and Regulation

## SY- 2024/ 2025

When a student is in non-compliance, and the bus driver reports a bus infraction, the following procedures will be followed. Consequences may vary depending on the severity of the infraction.

**1<sup>st</sup> Offense:** A warning to the student. The driver will explain to the offender the necessity for good behavior.

**2<sup>nd</sup> Offense:** If after talks and warning, the driver will report the misconduct to the School Principal & Operation Manager.

**3<sup>rd</sup> Offense:** Suspension of riding privileges. The result and length of time will depend on the seriousness of the infraction. The following infractions could result in 10 days suspension: Playing with emergency doors, throwing objects, directing obscene languages or gestures, students brought back to school 3 or more times, behaving in ways that disrupt the safe operation of the bus.

**Please read and review with your student(s). Complete the form below:**

Students Name: \_\_\_\_\_ Grade \_\_\_\_\_ Bus # \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

Physical Address \_\_\_\_\_

Any allergies/medical condition you want us to be aware of \_\_\_\_\_

I understand that failure to comply with bus safety procedure and rules may include loss of transportation privileges. I have discussed the code of conduct. My child will cooperate with the bus driver and school authorities. We understand these rules are necessary to

Assure safety on the school bus.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Note: Complete one form for each student.**





**PARENT-SCHOOL COMPACT**

In order for students to reach optimum educational success, they need a reliable support system and a collaborative partnership between parents/guardians and the school. While parents/guardians are responsible to provide a safe, healthy, and caring home, the school has the obligation to provide quality education in a safe learning environment with Highly Qualified Teachers, and supportive professionals. This compact lists the specific duties of the parents/guardians and the school.

**School Accountability Pledge** – Shiprock Associated Schools, Inc. will:

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating student to meet the student academic achievement standards.
2. Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual student’s achievement.
3. Provide parents with frequent reports on their student’s progress.
4. Provide parents reasonable access to Teachers.
5. Provide parents opportunities to volunteer and participate in their student’s class and to observe classroom activities upon receiving favorable background clearance.
6. Provide opportunities for participation in professional and personal development that improve teaching and learning and which support partnerships of families and communities through the Parent Advisory Committee (PAC).
7. Provide a safe and supportive learning environment.

**Family/Parent Accountability Pledge** – We, as parents, of \_\_\_\_\_ will support our child’s learning and will:

1. Monitor my child’s attendance, and academic and social performance.
2. Make sure that my child’s homework and all assignments are completed.
3. Monitor my child’s activities outside of school and promoting positive use of my child’s extracurricular time.
4. Volunteer in my child’s school, upon receiving a favorable background clearance.
5. Participate, as appropriate, in decisions relating to my child’s education.
6. Participate in the Parent-Teacher conference during each semester.
7. Stay informed about my child’s education and communicating with the school by promptly reading all notices from the school either received by my child or by mail and responding, as appropriate.
8. Serve, to the extent possible, on the Parent Advisory Committee (PAC), and attend a minimum of two (2) meetings per semester, totaling four (4) meeting per school-year.
9. Provide any changes in my child’s personal contact information as soon as changes occur.

**Student Accountability Pledge** – I, \_\_\_\_\_, as a student of Shiprock Associated Schools, Inc., will share in the responsibility of my educational success. I will:

1. Adhere to all expectations and guidelines of the school.
2. Bring all materials and completed assignments to class each day and actively participate in my learning process.
3. Ask for help, and to participate in activities offered to support my learning.
4. Study and read at least 30 minutes every day outside of school time.
5. Give to my parents/guardian all notices and information received by me from my school every day.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## PARENTAL INVOLVEMENT POLICY

In accordance with *Every Student Succeeds Act (ESSA)* of 2015, Shiprock Associated Schools, Inc. (SASI) will maintain a written parent involvement plan that focuses on programs, activities, and procedures both planned and implemented collaboratively with parents of participating students.

Students with parents who are involved in their school tend to have fewer behavioral problems and better academic performance, and are more likely to complete high school than students whose parents are not involved in their school. Positive effects of parental involvement have been demonstrated at both the elementary and secondary levels across several studies. SASI will make every effort to promote parent-teacher partnership to ensure each student's educational success.

SASI's Title I Parent Involvement Plan is designed to acknowledge the importance of teamwork in meeting the needs of each child. Students will benefit from the collaborative efforts of parents, teachers, administrators, technical assistance and community services, a strong school improvement plan, and the Local Educational Agency 's (LEA's) constant focus on increased academic achievement for all students. Further, SASI's School Improvement Plan supports this vision with goals and strategies for high student performance and the elimination of all gaps in student achievement.

- I. Shiprock Associated Schools, Inc. will:
  - A. Involve parents in the development of the School Improvement Plan.
  - B. Provide both parents and staff opportunities for review of the School Improvement Plan.
  - C. Plan and implement parent involvement activities designed to improve student academic achievement and school performance.
  - D. Build the capacity for strong parental involvement by identifying barriers to greater participation and using these findings to design strategies for more effective parental involvement.
  - E. Facilitate shared responsibility through a Parent-School compact by:
    1. Helping parents understand all national, state, and local standards and expectations through Parent Advisory Committee (PAC) Meetings;
    2. Providing materials to parents to help them with their child's education;
    3. Ensuring that all communications are in easy-to-understand formats for all parents;
    4. Encouraging parents to monitor student attendance, academic and social performance;
    5. Encouraging parents to monitor student activities outside of school and promoting positive use of extracurricular time.
    6. Providing opportunities for parents to volunteer and participate in school activities upon receipt of a favorable background clearance;
    7. Encouraging parent participation on each school's Parent Advisory Committee and School Improvement Team;
    8. Providing support, based on reasonable parent requests; and

9. Ensuring that all school personnel understand the value of parental involvement.
- F. Coordinate and integrate all parental involvement strategies within the school.
- G. Conduct an annual review with parents, of this policy and of the strategies for parental involvement listed in the School Improvement Plan.

The following is a list of parent involvement opportunities:

1. Parent Advisory Committee (PAC) Meetings
2. Parent-Teacher Conferences
3. Parent Conferences
4. Native American Week
5. Holiday Programs
6. Book Fair
7. Field Trips
8. Award Banquets
9. Graduation
10. Cultural Presentations

Following is a list of School-to-Parent communication sources:

1. Annual School Calendar
2. Monthly School Calendar
3. Weekly/Monthly Newsletters
4. Infinite Campus Messenger
5. School Website
6. Parent/Student Handbooks
7. Class Dojo

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I acknowledge that I have read, understand, and agree to the policies and procedures of parental involvement. I have received a copy of the Parent Involvement Policy and agree to abide by the policy guidelines as a condition of my child's enrollment at Shiprock Associated Schools, Inc.

I understand that if I have questions regarding the Parent Involvement Policy, I will consult with my child's respective School Principal.

(Please read and sign the Parent-School Compact.)

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Level: \_\_\_\_\_

School Year: **2024-2025**

Print Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Shiprock Associated Schools, Inc.

Atsa Biyaazh Community School  
Northwest High and Middle School  
Residential Program



### PARENT/GUARDIAN CODE OF CONDUCT

We at SASI, are very fortunate to have a supportive and friendly parent body. Our parents recognize that educating children is a process that involves partnership between parent, class teachers and the school community. As a partnership, our parents/guardians will understand the importance of a good working relationship to educate the children and gain the necessary skills for adulthood. For these reasons, we encourage parents/guardians to participate fully in the education of our school.

#### Parents/Guardians are expected to:

- Respect all rules and values of our school and student/parent handbook.
- Understand that both teachers and parents need to work together for the benefit of the child/children.
- Demonstrate that ALL members should be treated with respect and therefore set a good example in their own speech and behavior.
- Seek to clarify a child's version of events with the school's view in order to bring about a peaceful solution to any issue.
- Correct own child's behavior especially in public where it could otherwise lead to conflict, aggressive behavior or unsafe behavior.
- Understand that the school is not legally bound to enforce restraining orders/protective orders or other documents that are in place due to family disputes.
- Understand that ONLY the parents and individuals listed on the enrollment application/check out sheet can visit/check out the student(s).

#### Safe School Environment

In order to maintain a peaceful and safe environment the school will **NOT** tolerate parents, guardians or visitors exhibiting the following.

- Disruptive behavior which interferes or threatens to interfere with the operation of the classroom, an employee's office, or any other area of the school grounds including sporting events.
- Using loud/or offensive language, profane language or displaying aggressive behavior or temper.
- Threatening physical bodily harm to a member of the school staff, visitor, fellow parent, or student regardless of whether or not the behavior warrants.
- Damaging or destroying school property.
- Abusive or threatening emails or text/voicemail/phone messages or other written communication.
- Defamatory, offensive or derogatory comments regarding the school or any of the students/parents/staff at the school on Facebook or other social media sites.
- Use of physical aggression toward another adult or child.
- Not be on campus while under the influence of alcohol or drugs.
- Smoking and consumption of alcohol or other drugs while on school property.

We trust that parents/guardians will assist our school with the implementation of this policy and we thank you for your continuing support of our school.

My signature indicates that I will comply with the above Parent/Guardian Code of Conduct.

Parent Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (print): \_\_\_\_\_ Grade: \_\_\_\_\_



## Computer Network Acceptable User Agreement

### 1. Terms of Agreement

- 1.1. Internet access will be provided to students and staff (users) in accordance with the terms of this policy. Internet access from school computers is reserved solely for educational purposes and must be consistent with the educational objectives of SASI.
- 1.2. If a user violates any of these terms and conditions, his or her Internet access will be terminated and future access could be denied. Further violations could result in disciplinary action according to the SASI Policy & Procedure Handbook.
- 1.3. Staff and students are not allowed to access the SASI Network using their own devices such as: iPods, iPads, laptops, tablets, smart phones, or any other electronic device.
- 1.4. A school laptop and/or iPad may be issued to certified staff only for use related to their official job duties.
- 1.5. The signature(s) on the Acceptable Use Policy Agreement form is legally binding and indicate(s) the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance and agree(s) to abide by these terms. Each employee and student must sign a SASI Computer Network Acceptable Use Policy Agreement form to obtain or retain Internet access privileges.

### 2. Prohibited Conduct

No user of SASI's Internet access shall:

- 2.1. Access, transmit, or retransmit material which promotes violence or advocates destruction of property including, but not limited to, access to information concerning the manufacture of destructive devices such as explosives, fireworks, smoke bombs, incendiary devices or the like;
- 2.2. Access, transmit, or retransmit any information containing pornographic or other sexually oriented material (pornographic means pictures or writings that are intended to stimulate erotic feelings by the description or portrayal of sexual activity or the nude human form);
- 2.3. Access, transmit, or retransmit material which advocates or promotes violence or hatred against particular individuals or groups of individuals or advocates or promotes the superiority of one racial, ethnic, or religious group over another;
- 2.4. Use or possession of pirated software ( which is any software or content such as games, movies, music, apps, or programs which have been downloaded or is otherwise in the user's possession without the acquisition of applicable rights or licenses including the payment of any fees owing to the publisher of the software or content);
- 2.5. Use encryption (code scrambling) software from any access point within the school;
- 2.6. Transmit e-mail through an anonymous remailer;
- 2.7. Commit or attempt to commit any willful act involving the use of the network which disrupts the operation of the network within the school or any network connected to the Internet including the use or attempted use or possession of computer viruses;
- 2.8. Use online data repositories such as the cloud or file sharing sites and other variants; P2P or other software for accessing such sites due to bandwidth restrictions and the possibility of copyright infringement;
- 2.9. Use online music streaming such as Pandora, Spotify, and other online music streaming programs due to bandwidth restrictions;
- 2.10. Transmit any material in violation of any law. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secrets;
- 2.11. Transmit personal addresses, phone numbers, and financial information;
- 2.12. Use the Internet for commercial purposes, financial gain, personal business, product advertisement, or on behalf of candidates for public or school office;
- 2.13. Commit vandalism. Vandalism is not permitted and will be strictly disciplined. Vandalism is defined as any attempt to harm or destroy data of another user or of another agency or network that is connected to the Internet. Vandalism includes, but is not limited to, the deliberate uploading, downloading, or creation of computer malware;
- 2.14. Use accounts improperly. Network accounts shall be used only by the authorized user of the account. Individual accounts cannot be transferred to or used by another individual. Sharing passwords is not permitted. Unauthorized attempts to gain privileged access or access to any account not belonging to the user on the system are not permitted;
- 2.15. Use the system for sending nuisance messages such as chain letters; spam; unwanted commercial, fundraising or political messages; and obscene or harassing messages;
- 2.16. Access Facebook, Twitter, or similar personal/social networking websites;
- 2.17. Download and/or store personal information, such as music, videos, pictures, and personal documents on SASI school devices. Any personal information found will be removed by IT Staff without user's consent;
- 2.18. Connect digital music devices, smart phones and/or other personal electronic devices into SASI school computers.
- 2.19. Download and install unauthorized software and web browser extensions

Print Student/Staff Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student/Staff \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

## FREE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)			
Names of all children in school (First, Middle, Initial)	School Name	Grade	SNAP* or TANF case# (if any).

**Part 2.** If the child you are applying for is homeless, migrant, or runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]  
 Homeless  Migrant  Runaway

**Part 3.** Signature and Social Security Number (*Adult must sign*)  
 An adult household member must sign the application.  
 I certify (promise) that all information on this application is true. I understand that the school will get Federal funds based on the information I give. I understand that school official may verify (check) the information I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.  
**Sign here:** X \_\_\_\_\_ Date: \_\_\_\_\_  
 Print name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

**Part 4.** Children's ethnic and racial identities (optional)  
 Choose one ethnicity:  
 Hispanic/Latino  
 Not Hispanic /Latino  
 Choose one or more (regardless of ethnicity):  
 Asian  American Indian or Alaska Native  
 White  Native Hawaiian or other Pacific Islander  
 Black or African American