

Student Technology Use Agreement

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

School: _____

I understand and agree to abide by the Bruneau/Grand View School District's Technology Use Policy regarding access/use of the internet.

I further understand that should I not comply with Technology Use Policy and Acceptable Use Procedures and Guidelines, my privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's Internet connection and having access to public networks, I hereby release Bruneau/Grand View School District and its Board members, and agents from any claims and damages arising from, or as a result of my use or inability to use the internet.

Student Signature: _____ **Date:** _____

Parents and guardians of students are required to read and sign the form below.

Parent(s) or Guardian(s):

As the parent or guardian of this student, I understand that the content of Bruneau/Grand View School District's Technology Use Policy and Acceptable Use Policy. I understand that Internet access is designed for educational purposes.

Bruneau/Grand View School District has taken precautions to restrict access to controversial material. However, I also recognize that it is impossible for Bruneau/Grand View School District to restrict access to all controversial materials, and I will not hold Bruneau/Grand View School District responsible for materials acquired or accessed on the internet. In consideration for my child using the District's Internet connection and having access to public networks for my child, I hereby release Bruneau/Grand View School District and Board members, employees, and agents from any claims and damages arising from, or as a result of my child's use or inability to use the internet. I hereby give my permission for my child to have access to the school's internet account and certify that the information contained on this form is correct. The technology equipment is the property of Bruneau/Grand View School District, and is being loaned to your student for educational purposes only. Your Student will be held responsible for loss or damage to the technology equipment not covered under the product warranty. Intentional misuse or abuse to the technology equipment could result in legal action.

Parent/Guardian Printed Name: _____

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

All opinions, advice, services and all other information expressed by students, staff, information providers, service providers, or other third party personnel on the district technology system are those of the individual and do not represent the views or position of Bruneau/Grand View School District, unless these parties are acting in the official capacity, within the limits their authority. Users will hold Bruneau/Grand View School District harmless against any claim, lawsuit or cause of action rising out of the use of the district's technology systems or connection to the internet. Bruneau/Grand View School District is not liable for any defamatory, offensive, infringing or illegal materials or conduct on the part of, or attributable to any third party, and reserves the right to remove such materials from its website without liability.

Over --->

Bruneau/Grand View School District

Media Consent and Waiver Form

This form will be good for the current school year. This policy relates to classroom activities or school events that are not already open to the public. Public events such as sporting events, theatre productions, etc. are considered open to the public and photographers and videographers are not included in this policy.

All opinions, advice, services and all other information expressed by students, staff, information providers, service providers, or other third party personnel on the district technology system are those of the individual and do not represent the views or position of Bruneau/Grand View School District, unless these parties are acting in the official capacity, within the limits their authority. Users will hold Bruneau/Grand View School District harmless against any claim, lawsuit or cause of action rising out of the use of the district's technology systems or connection to the internet. Bruneau/Grand View School District is not liable for any defamatory, offensive, infringing or illegal materials or conduct on the part of, or attributable to any third party, and reserves the right to remove such materials from its website without liability.

By granting permission to this waiver you are agreeing to your son/daughter being photographed, interviewed and/or videotaped by representatives of Bruneau/Grand View School District and/or media outlets (newspaper, T.V. stations, etc...). Any information or images obtained from those activities may be reproduced by the school district and/or the public media for use in advertising, publicity or educational activities, including but not limited to district and school publications, websites, videos, print, yearbook, and television news. I hereby waive any claims I may have, and release the school district and its employees from liability of claims arising out of such activities.

(Please mark "YES" or "NO" below and return this complete page to your student's school)

Yes, I grant permission for _____
(Student's Printed Name)

No, I don't grant permission for _____
(Student's Printed Name)

Parent/Guardian's Signature: _____

Parent/Guardians' Printed Name: _____

Date: _____



Bus Rules

The School District furnishes transportation; however, this does not relieve the parents of students from the responsibility of supervision until such time as the child boards the bus in the morning and after the child leaves the bus at the end of the school day. Once a child boards the bus, and only at that time, does he/she become the responsibility of the school district. Such responsibility shall end when the child is delivered to the regular bus stop at the close of the school day. In view of the fact that a bus is an extension of the classroom, the bus drivers shall require children to conduct themselves in a manner consistent with established standards for classroom behavior. Riding the bus is a privilege and may be denied.

To insure the safety of all students riding the bus, the following rules will be followed: (1) Pupil shall arrive at the bus stop before the bus arrives. The bus cannot wait for those who are tardy. (2) Pupil shall wait in a safe place, clear of traffic and away from where the bus stops. (3) Pupil shall wait in an orderly line and avoid horseplay. (4) Pupil shall cross the road or street in front of the bus only after the bus has come to a complete stop and upon direction of the driver. (5) Driver may assign pupil to a seat. Pupil shall go directly to an available or assigned seat when entering the bus. (6) Pupil shall remain seated and keep aisles and exits clear. (7) Pupil shall observe classroom conduct and obey the driver promptly and respectfully. (8) Pupil shall refrain from throwing or passing objects on, from, or into buses. (9) Pupil is permitted to carry only objects that can be held on his/her lap. Arrangements must be made with the driver for large musical instruments. (10) Pupil shall not use profane or obscene language, tobacco, alcohol, drugs or any other controlled substance on the bus. (11) Eating and drinking on the bus may be permitted or prohibited at the driver's discretion. (12) Pupil shall not carry hazardous materials, nuisance items, and animals onto the bus. (13) Pupil shall respect the rights and safety of others. (14) Pupil shall refrain from leaving or boarding the bus at locations other than the assigned stops at home or school. (15) Pupil shall refrain from extending head, arms, or objects out of the bus windows.

When in the opinion of the bus driver, the disciplinary action warrants the issuance of a Bus Misconduct report to the student, the driver shall notify the building Principal of the issuance of the report. The report must be signed by the student's parents and returned to the bus driver before the student will be allowed to resume riding the bus. The driver will return the signed misconduct report to the Principal to be filed in the student's file. If a second Bus Misconduct report is issued, the bus driver shall notify the student and his/her parents that he/she has been suspended from the bus and the parent must contact the building Principal in order to resolve the problem. The bus driver should also inform the Principal of the incident. Once the building Principal has been contacted by the student's parent, the Principal may arrange for a conference between the student, the parents, and the bus driver. If a third notice is issued, the same procedure shall be followed as outlined for the second notice except the building Principal shall automatically suspend the student from riding the bus for five (5) days. A conference shall be arranged before the student will be allowed back on the bus. If a fourth notice is issued, the same procedure shall be followed as outline for the second notice except the building Principal shall inform the student and parents that the student's riding privileges have been revoked for the remainder of the school year and that upon parental request, a hearing will be held at the next regularly scheduled school board meeting to review the matter. If in the opinion of the building Principal or Superintendent, the reported misconduct warrants, additional discipline measures may be imposed after any misconduct notice.

I have read and understand the bus rules.

Student Name (print)

Student signature

Date

Parent signature

Date

POR FAVOR LEA CUIDADOSAMENTE Y COMPLETE TOTALMENTE

Ningún estudiante o familia será discriminado en función de la información proporcionada en este formulario. La información que proporciona es confidencial. Las respuestas que nos brinde nos ayudarán a determinar los servicios que su hijo puede ser elegible para recibir bajo McKinney-Vento Act.

Información del Estudiante

Nombre Completo: _____ Grado: _____ Escuela: _____

Dirección: _____ Apartment/Unit # _____
Dirección

_____ *Ciudad* _____ *Estado* _____ *Código Postal*

Fecha de nacimiento: _____ Género: _____ Etnicidad: _____ Número de teléfono: _____

Email: _____

Nombre del Padre/Guardián legal: _____ ¿El estudiante vive con su padre o Guardián legal? SI NO

_____ *Si no vive con el padre o tutor legal, ¿quién reside en el mismo lugar que el estudiante?*

_____ *Dirección actual del alumno, si es diferente*

Alojamiento

Fecha en que este estudiante se mudó a esta dirección: _____ ¿Cuánto tiempo espera estar en esta dirección? _____

¿Esta usted comprando o rentando su casa / apartamento? SI NO Si no, ¿busca vivienda permanente? SI NO

Número de adultos mayores de 21 años que viven en el hogar y relación con el estudiante: _____

¿Número de niños menores de 21 años que viven en este hogar (incluya el estudiante)? _____

Nombre de los niños (menores de 21 años) en esta dirección, edades, relación con el estudiante y las escuelas a las que asisten (incluya a todos los niños que aún no están en la escuela): _____

¿Hermanos en otras direcciones? _____

de recamaras en la casa? _____

Marque todo lo que corresponda:

Vive con familiares o amigos debido a desastres naturales, dificultades financieras o pérdida de vivienda.

Aviso de desalojo o ejecución hipotecaria en el último año.

Vive sin calefacción, electricidad, fontanería o agua adecuadas.

Vive en un refugio / vivienda de transición. Nombre de la agencia: _____

Vive en un hotel / motel debido a la falta de otra vivienda adecuada.

Nombre del hotel / motel: _____

Vive en la calle, en un edificio abandonado, en un automóvil, un campamento u otro lugar público que no esté destinado a la vivienda habitual.

Por favor explique: _____

En los últimos tres (3) años, ¿alguien en su hogar tuvo que mudarse para ser un trabajador remunerado en alguna de las siguientes áreas: agricultura, ganadería o procesamiento de agricultura? SI NO

Firma

Verifico que la información proporcionada anteriormente es verdadera y correcta.

Nombre impreso y relación de la persona que completa el formulario

Fecha

Firma de la persona que completa el formulario



PLEASE READ CAREFULLY AND COMPLETE FULLY

No student or family will be discriminated against based upon any of the information provided in this form. The information you provide is confidential. The answers you give will help us determine the services your student may be eligible to receive at under the McKinney-Vento Act.

Student Information

Full Name: _____ Grade: _____ School: _____

Address: _____ Apartment/Unit # _____

Street Address

City

State

ZIP Code

Birth Date: _____ Gender: _____ Ethnicity: _____ Phone: _____

Email: _____

Name of Parent/Legal Guardian: _____ Is the student living with their Parent or Legal Guardian? YES NO

If not living with Parent or Legal Guardian, who is residing in the same location as the student?

Student's current address, if different

Housing

Date this student moved to this address: _____ How long do you expect to be at this address? _____

Do you own or rent your current home/apartment? YES NO If no, are you seeking permanent housing? YES NO

Number of adults over 21 living in the home and relationship to the student: _____

Number of children under 21 living in this home (including the student)? _____

Name of children (under 21) at this address, ages, relationship to student, and schools they attend (please include all children not yet in school): _____

Siblings at other addresses? _____

of bedrooms in the home? _____

Check all that apply:

- Doubled up: living with family or friends due to natural disaster, financial hardship or loss of housing.
- Eviction notice or mortgage foreclosure in the past year.
- Living without adequate heat, electricity, plumbing or water.
- Living in a shelter/transitional housing. Name of agency: _____
- Living in hotel/motel due to lack of other suitable housing. Name of hotel/motel: _____
- Living on the street, in an abandoned building, in car, campground, or other public place not intended for regular habitation. Please explain: _____

In the past three (3) years, has any one in your household had to move to be a paid laborer in any of the following areas: farming, livestock, or processing agricultural products? YES NO

Signature

I verify that the information provided above is true and correct.

Printed Name and Relationship of Person Completing the Form _____
Date

Signature of Person Completing the Form

JOINT SCHOOL DISTRICT NO. 365

BRUNEAU - GRAND VIEW

Rimick Jr. Sr. High



Bruneau Grand View School District Encuesta Sobre el Idioma del Hogar

Nombre de Estudiante: _____ Grado: _____ Escuela: _____

Género (circulo): Masculino Femenino Fecha de nacimiento: _____

Encuesta Sobre el Idioma del Hogar

Nuestro Distrito escolar juntamente con el Departamento de Educación Estatal de Idaho y la Oficina de los Derechos Civiles requiere que el idioma(s) de los estudiantes este identificado. El propósito de esta encuesta tiene por objeto determinar si los estudiantes son potencialmente elegibles para servicios de idiomas.

1. ¿Qué idioma(s) se habla en el hogar?

2. ¿Qué idioma(s) habla más frecuentemente su hijo?

3. ¿Qué idioma(s) aprendió su hijo primero?

4. ¿Qué idioma habla su hijo con usted?

5. ¿Qué idioma utiliza usted cuando habla con su hijo?

6. ¿En qué idioma prefiere usted llamadas y cartas?

7. ¿Cuál es su relación con el niño? Padre Madre Guardián Otro - (especificar) _____

8. ¿Tiene alguna información adicional que usted desearía que la escuela conozca sobre su hijo?

Firma de Padre/Tutor: _____ Fecha: _____

JOINT SCHOOL DISTRICT NO. 365

BRUNEAU - GRAND VIEW

Rimrock Jr. Sr. High



Bruneau Grand View School District
Home Language Survey

Student's Name: _____ Grade: _____ School: _____

Gender (circle): Male Female Date of Birth: _____

Home Language Survey

Our school district along with the Idaho State Department of Education and the Office for Civil Rights require that students' language(s) are identified. This survey's purpose is to determine whether they are potentially eligible for language services.

1. What language(s) are spoken in the home?
2. What language(s) does your student speak most often?
3. What language(s) did your student first learn?
4. Which language does your child speak with you?
5. Which language do you use when speaking with your child?
6. Which language do you want phone calls and letters?
7. What is your relationship to the child? Father Mother Guardian Other - please specify: _____
8. Is there any additional information you would like the school to know about your child?

Parent/Guardian Signature: _____ Date: _____



Idaho Migrant Education Program

Encuesta de Empleo para los Padres



English version on the other side

La información abajo es para identificar a estudiantes que puedan calificar para recibir servicios adicionales de educación. Es posible que un empleado del programa le contacte a usted para obtener más información. Toda la información es confidencial.

Nombre del niño: _____ Distrito: Bruneau Grand View Fecha: _____

Fecha de Nacimiento: _____ Escuela: _____ Grado: _____

1. ¿En los últimos tres años, ha vivido su familia en otro distrito escolar? Esto incluye otros distritos escolares en Idaho, u otro estado o país.

Sí _____ (SIGA AL #2) No _____ (PARE AQUÍ)

2. En los últimos tres años, ¿hubo alguien en su hogar un trabajando con alguno de estos productos o actividades (sin incluir su propiedad)?

Si _____ (SIGA AL #3) No _____ (PARE AQUÍ)

	<input type="checkbox"/> Cualquier Cultivos Ejemplos: maíz, papas, frijoles, trigo, remolacha, frutas, lúpulo, alfalfa, etc. o preparación de campo		<input type="checkbox"/> Cualquier ganado Ejemplos: vacas, cerdos, ovejas, pollos, lechería
	<input type="checkbox"/> Procesamiento de productos agrícolas. Ejemplos: (Clasificación, empaque, corte, etc.) cebollas, papas, carne, frutas, árboles, etc.		<input type="checkbox"/> Otra agricultura Ejemplos: silvicultura, cuidado de plantas de vivero, pescar

Por favor marque todos los que apliquen abajo:

3. Nombre de los padres: _____ Teléfono: _____

Dirección: _____ Ciudad: _____

Por favor liste a todos los niños menores de 22 años en la casa:

Nombre	Fecha de Nacimiento	Escuela	Grado



Idaho Migrant Education Program

Parent Employment Survey



Versión en español en el otro lado de la hoja

The information provided below is used to identify students who may qualify to receive additional educational services. A program employee may contact you for further information if needed. All information is kept confidential.

Child's Name: _____ District: Bruneau-Grand View Date: _____





Birthdate: _____ School: _____ Grade: _____

1. In the past three years, has your family lived in another school district? This includes other school districts in Idaho, or another state or country.

Yes _____ (CONTINUE TO #2) No _____ (STOP HERE)

1. In the past three years, has anyone in your household had a job working with any of the products or activities listed below (not including on your own property)?

Yes _____ (CONTINUE TO #3) No _____ (STOP HERE)

 <p><input type="checkbox"/> Any Crops Examples: corn, potatoes, beans, wheat, sugar beets, fruits, hops, alfalfa, etc. or field preparations.</p>	 <p><input type="checkbox"/> Any Livestock Examples: cattle, pigs, sheep, chickens, dairy</p>
 <p><input type="checkbox"/> Processing agricultural products Examples: (Sorting, packing, cutting, etc.) onions, potatoes, meat, fruit, trees, etc.</p>	 <p><input type="checkbox"/> Other agriculture Examples: Forestry, nursery, plant care, fishing</p>

Please check all that apply below:

3. Parents' Names: _____ Phone: _____

Address: _____ City: _____

Please list all other children in the household less than 22 years of age (include children under 5):

Name	Birthdate	School	Grade