

D.H.S. Resource Guide

We understand that school policies and procedures are published in the school Resource Guide and we have been directed to read its contents. It is available on the website and a printed copy can be requested. We understand failure to review the information does not offer and excuse for non-compliance with school rules.

Student Signature: _____

Parent Signature: _____

Date: _____

Electronic Information & Communications System Use

I am aware of the Electronic Information & Communications System Use Policy. I understand the full District Policy EHAB can be accessed on the website and highlights are explained in the Resource Guide. We understand our responsibility to read/know and comply with these guidelines

_____ I **do** give permission for my child to use the Internet/Network for educational purposes at school.

_____ I **do not** give permission for my child to use the Internet/Network for educational purposes at school.

Please comment on your objection: _____

Parent/Guardian (print) _____

Parent/Guardian Signature: _____

Date: _____

I understand the provisions of using the Internet/Network in the Dodgeville School District. I also understand that a violation of these guidelines will result in a loss of access to the Internet/Network in addition to other disciplinary or legal actions.

Student Signature: _____

Publications

Schools are permitted to release directory data (see definitions in handbook or on website) for use in school and community publications, such as honor roll or athletic programs, unless consent is revoked by parent/guardian.

_____ I **do not** give permission for my child's name to be published

Parent Signature: _____

Recordings and photographs of school activities are also produced for use in school and community publications such as the district website and social media.

_____ I **do** give permission for my child to be photographed/recorded for DSD publications

_____ I **do not** give permission for my child to be photographed/recorded for DSD publications

Parent Signature: _____

Date: _____

Dodgeville High School Co-Curricular Code

I, _____ (Student name) understand it is my responsibility to follow the rules/guidelines of the co-curricular code when participating in Student Organizations and Athletics. I am aware that the code is available in the **Resource Guide** on the website, and that I can request a written copy as needed.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Parental Objection to Release of Student Information to Military Recruiters & Institutions of Higher Education

Federal law mandates the release of the name, address and telephone number of your child to Military Recruiters and Institutions of Higher Education. The law provides in relevant part, that the School District (1) Shall provide, on request made by a Military Recruiter or an Institution of Higher Education, access to secondary school students' names, addresses and telephone numbers, (2) Consent – A secondary school student or the parent of the student may request that the students' name address and telephone listing described in paragraph 1 not be released without written parental consent.

According to the law, you may request that your child's name, address and telephone listing not be released without your consent. If you do not want your child's name, address and telephone listing provided to military recruiters or institution of higher learning; please fill out the bottom of this form. If you do not completely fill out the form and sign it, your child's name, address and telephone listing will be made available to Military Recruiters and Institutions of Higher Education.

Parents/Guardians Complete this Section

Dodgeville High School:

I hereby request that the name, address and telephone number of my child:

_____ (Print Name of Child) _____ (Date of Birth)

_____ **May be** released to Military Recruiters and Institutes of Higher Learning.

_____ **May not be** released to Military Recruiters and Institutes of Higher Learning

_____ (Parent Signature)

Date: _____

Infinite Campus Family/Student Portal

The Dodgeville School District's student information system is Infinite Campus.

By signing the portion below you will authorize the district to provide you with this service.

Signing below also indicates that you will use this tool in an appropriate manner and will follow This District's Electronic Information & Communications System Use Policy EHAB which can be found in a condensed version in the Resource Guide, on the District's website www.dodgevilleschools.org under Policies or by request at any Office in this School District.

Please contact your student's school to obtain your GUID number and a guide in setting up this service if you have not already done so. If you have forgotten your User name and Password, please contact us so it can be re-set for you. If you have any questions or concerns please contact the **Dodgeville High School at (608)935-3307 option 4.**

Adult Name: _____

Signature: _____

Adult Name: _____

Signature: _____

Student Name: _____

Signature: _____

Transportation Information

Do you ride the bus to/from school? ___ Yes ___ No

Pick-up Address: _____

Drop-off Address: _____

Will you drive to school? ___ Yes ___ No

License Plate # _____

DHS Newsletter

The DHS Newsletter can be found on the High School Website. If you do not have access to the Internet you may stop in the Office at any time to obtain a copy or let us know and we can send a copy home with your student.

Dodgeville High School Registration Card

Student Information

(LEGAL NAMES ONLY)

Name: _____
(Last Name) (First Name) (Middle Name)

Date of Birth: _____ Age: _____ Gender: _____

Grade Level (this school year): ___9th ___10th ___11th ___12th

Physical Address: _____

Mailing Address (if different): _____

City: _____ Township: _____ State: _____ Zip: _____

Best Daytime Number to Call: _____

Place of Birth: _____
(City) (State) (County)

Student Cell#: _____

Student E-Mail: _____

Is this student Hispanic or Latino? (Choose only one)

___ No, not Hispanic or Latino ___ Yes, Hispanic or Latino

Is this student: (Choose one or more. You **must** select at least **one**.)

___ American Indian or Alaska Native ___ Black or African American

___ Native Hawaiian/ Other Pacific Islander ___ Asian

___ White/Caucasian

Primary Language Spoken at Home:

___ English ___ Spanish ___ Other (Name): _____

Please List All Children in the Household

Name: _____

Date of Birth: _____ Grade Level: _____

Name: _____

Date of Birth: _____ Grade Level: _____

Name: _____

Date of Birth: _____ Grade Level: _____

Name: _____

Date of Birth: _____ Grade Level: _____

Parent/Guardian Military Information

Is either Parent/Guardian on active duty in the Military? _____

Is either Parent/Guardian a traditional member of the Guard or Reserve? _____

Is either Parent/Guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? _____

Parent/Guardian Information

Both parents have legal rights to receive information about their child unless otherwise ordered by the courts.

Are there court ordered custody agreements? ___ Yes ___ No

If **yes** a copy of the court order(s) must be on file with the school.

Primary Household (Physical placement 50% or more)

(Circle One)

Both Parents Father Mother Parent/Step Parent

Foster Home Legal Guardian Both Parents Alternately

Other (Explain) _____

(LEGAL NAMES ONLY)

1st Adult-(Primary Contact): _____

Address: _____

City/State/Zip: _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-Mail address: _____

2nd Adult (same address): _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-Mail address: _____

Second Family Information

___ Primary Household (Physical placement 50% or more)

___ Secondary Household (Placement less than 50%)

(LEGAL NAMES ONLY)

Other (Explain) _____

1st Adult-(Primary Contact): _____

Address: _____

City/State/Zip: _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-Mail address: _____

2nd Adult (same address): _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-Mail address: _____

Emergency Contacts (Not Parent)

When parents or guardians cannot be reached. These people should be available during school hours.

1st Choice (**not parent**): _____

Relationship to student: _____

Daytime Phone #: _____ Cell #: _____

2nd Choice (**not parent**): _____

Relationship to student: _____

Daytime Phone #: _____ Cell #: _____

Medical Information

Family Physician: _____

Phone Number: _____

Insurance Company: _____

List any health problems the school should be aware of including allergies, heart conditions, diabetes, seizures, etc.:

List any special medication(s) the student is taking:

If medication needs to be taken at school a Medication Form, with parent and/or physician signatures, needs to be filed in the office.)

Permission for Medical Treatment

Student's Name: _____

There might be an occasion that a student is hurt at school or school activity to such an extent medical treatment is required. In such cases of injury it is our policy to contact the parents as soon as possible. However, it may be impossible to reach parents when treatment is necessary. Medical personnel will not treat an injured minor without parental permission. In the event your child is injured at school or a school activity and you cannot be contacted, please indicate below whether you grant or deny permission for the school to arrange transportation to a medical facility and for medical personnel to treat the injury.

___ I do give permission

___ I do not give permission

Signature: _____

Date: _____