

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

(Please print)

Student Cell#: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

### D.H.S. Resource Guide

We understand that school 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: \_\_\_\_\_

### Electronic Information & Communications System Use

I have read the condensed version of the Electronic Information & Communications System Use Policy in the student handbook, or the full District Policy EHAB which can be accessed on the District's website [www.dodgevilleschools.org](http://www.dodgevilleschools.org) under Policies.

\_\_\_\_\_ 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

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

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

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

### 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? \_\_\_\_\_

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

A recently enacted federal law mandates the release of the name, address and telephone number of your child to military recruiters and institutions of higher learning. The law provides in relevant part, that the School District "(1) shall provide, on a 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 and 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 institutions of higher learning.

\_\_\_\_\_ **May not be** released to military recruiters and institutions 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 or on the District's website [www.dodgevilleschools.org](http://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.

Again we are very excited about this educational tool and look forward to working with you. If you have any questions or concerns please contact the **Dodgeville High School at (608)935-3307 option 4.**

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 # \_\_\_\_\_

### 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: \_\_\_\_\_