

# 2025-2026

## RIVERSIDE ELEMENTARY

### KINDERGARTEN REGISTRATION

Dear Parents of a Prospective Kindergarten Student:

We are excited for our **2025 Kindergarten Round-Up!** The day your child enters kindergarten is a significant milestone. The experience promises to be fun, exciting, challenging, and rewarding. Riverside Elementary offers a full-day Kindergarten program to all children who turn five on or before September 1, 2025.

We believe a positive kindergarten experience is an important step in providing essential tools, both academic and social, to prepare your child for success. We provide structured time for your child to explore and connect with their classmates as they learn new concepts and skills. We also encourage your involvement and hope that you take advantage of the many opportunities available to you throughout your child's journey. We look forward to partnering with you in making your child's experience in kindergarten positive and rewarding and we are eager to see you at the Kindergarten Round-up on **Wednesday, March 12**, at Riverside Elementary.

There are three session times, 8:30-9:30 AM, 10:00-11:00 AM, 12:30-1:30 PM and you only need to attend one. Please call the Riverside office at 507-847-5963 by **March 1** to sign up for a time slot. If you do not plan to have your child attend kindergarten this year, please let us know by calling 507-847-5963.

Parents and students will have an opportunity to visit Kindergarten classrooms, meet the Kindergarten teachers, take a tour of the building, and learn more about what makes Riverside a great place to learn and grow! Students will be able to enjoy activities with the Kindergarten teachers, while parents have an informational session with the principal.

The enclosed forms should be completed prior to registration and brought to school during your scheduled time slot on March 12. Forms can also be found on our JCC website:

<https://www.jccschools.com/enrollmentoptions>.

1. A photocopy of your child's birth certificate (or other proof of age) to keep on file.
2. JCC Registration Enrollment Form
3. Language Survey
4. Palmer Bus Company - Transportation Request Form - This form is mandatory for all students whether they ride the bus or not.
5. JCC Health History Form for the school nurse

**REMINDER-** your child must have updated K grade immunizations prior to attending Kindergarten. so please schedule a well child check up and immunizations this summer.

ALSO if your child has any medical concerns that should be addressed prior to next year, please contact Alyssa Anderson or Darci Thurmer, our JCC district nurses at either [alyssa.anderson@jccschools.net](mailto:alyssa.anderson@jccschools.net) or [darci.thurmer@jccschools.net](mailto:darci.thurmer@jccschools.net).

Dr. Kimberly Meyer, Riverside Elementary Principal  
[kim.meyer@jccschools.net](mailto:kim.meyer@jccschools.net)

### **Kindergarten Overview:**

- Kindergarten is a full day program. Student must be 5 years of age on or before September 1, 2025.
- Kindergarten registration begins on March 12, 2025. Parents are welcome to sign up for a time slot and attend our in-person Kindergarten Round-Up on Wednesday, March 12, 2025.
- If you are not able to attend Kindergarten Round-Up, and would like to schedule a tour of the building or have questions about our school or the kindergarten experience, please call for an appointment with the principal.
- Parents will be notified of their child's classroom teacher in August, 2025.
- We do not accept specific requests for teachers.
- Students who meet eligibility requirements, may
  - Ride district bus transportation
  - Receive breakfast and lunch at reduced/free pricing

### **Kindergarten Round-Up Events:**

1. Parents/Students - Meet Kindergarten teachers in classrooms.
2. Students can participate in activities with Kindergarten teachers, while parents have information sessions with the school principal.
3. Registration/Information tables will be available for parents to turn in registration papers and visit with the school nurse and/or other school staff.
4. Optional school tour at the end of the session.

**Early Childhood Screening:** If your child has not had an his/her early childhood screening, please contact Amber Lessman, Discovery Place Preschool Director to make an appointment at 507-847-5868 or [amber.lessman@jccschools.net](mailto:amber.lessman@jccschools.net). Students must have an early childhood screening before the first day of kindergarten.



# OUR SCHEDULE!

## **Riverside Daily Schedule Sample from 2024-2025 School Year:**

7:35-8:10 a.m. - Breakfast served at Riverside  
8:15 a.m.- School begins  
3:05 p.m. - School dismissed  
3:05 p.m. - Walkers/Riders picked up  
3:15 p.m. - Lakefield transfer bus leave Riverside  
3:45 p.m. - Route buses leave Riverside

**Wednesdays:** Early Dismissal at 2:00 p.m.

### **Specials:**

Music 2-3 times per week  
Art 2-3 times per week  
Gym 5 days per week  
Quest (Social-Emotional Learning) with School Counselor twice per month

**Library:** Once per week

**Lunch:** 20 minutes every day  
**Recess:** 20 minutes every day  
**Snack Break:** Every day

### **Extra Support for K-3 Students who qualify:**

**Title I Reading:** - 4 times per week for 25-30 minutes (supports growth in decoding, word segmentation, phonics, fluency)

**Reading Corps:** 4-5 times per week for 20-25 minutes (supports growth in reading fluency)

**Math Interventions:** 2nd/3rd grade

**English Language Learners:** Receive support through our EL program.

# Schoolwide PBIS - Positive Behavioral Interventions and Supports Program

The staff of Riverside Elementary School has worked to develop and strengthen a proactive approach for encouraging positive student behavior, and providing opportunities for students to reflect and make good choices. Our PBIS program involves four key components which we call our "BARK Traits".

**BARK TRAITS: (Be Respectful. Act Responsibly. Remember Safety. Kindness Counts)**

1. Respecting yourself, the rights of others, and property.
2. Being a responsible learner and taking pride in your work.
3. Acting in a healthy and safe manner.
4. Being kind to yourself and others.



# JCC STUDENT REGISTRATION INFORMATION

## Jackson County Central Schools 2025-2026

**STUDENT Legal/ Birth Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Grade \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: M: \_\_\_\_\_ F: \_\_\_\_\_

Physical Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_

Mailing Address (if different from physical address) \_\_\_\_\_

Home Phone \_\_\_\_\_

\*Have you ever attended a MN Public School? \_\_\_\_\_ If yes, please list the last District attended \_\_\_\_\_

\*Have you ever attended JCC before? \_\_\_\_\_ If so, what was the last grade you were in? \_\_\_\_\_

**MOTHER:** Name: \_\_\_\_\_

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

Mailing Address (if different from physical address): \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Work Place: \_\_\_\_\_

**FATHER:** Name \_\_\_\_\_

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

Mailing Address (if different from physical address): \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Work Place: \_\_\_\_\_

**SIBLINGS:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

**PERSON AUTHORIZED** to remove child from school: \_\_\_\_\_

**PERSONS NOT AUTHORIZED** to remove child from school: (a copy of legal paperwork must be given to the school office): \_\_\_\_\_

Are there any safety/security issues pertaining to your child that school personnel should be aware? Please explain below or submit a written explanation to the school office.

If we need to contact you for a Non-Emergent question or concern, how do you prefer to have us contact you? (Complete One)

Email: \_\_\_\_\_ or Phone: \_\_\_\_\_

## Preschool Experiences Kindergarten Readiness Information

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please place an X** on all lines that describe preschool and early childhood experiences your child has participated in. This will assist us in meeting the needs of all young children in our district.

### **My child has participated in these early education programs:**

- \_\_\_\_ Early Childhood Family Education Parent/Child Classes
- \_\_\_\_ Discovery Place Preschool    \_\_\_\_ 3 year olds    \_\_\_\_ 4 year olds
- \_\_\_\_ ECFE Kindergarten Prep Classes
- \_\_\_\_ Immanuel Lutheran Preschool
- \_\_\_\_ First Beginnings Preschool
- \_\_\_\_ Little Huskies Preschool    \_\_\_\_ 3 year olds    \_\_\_\_ 4 year olds
- \_\_\_\_ Head Start    \_\_\_\_ Classroom    \_\_\_\_ Home-based
- \_\_\_\_ Early Childhood Special Education Preschool
- \_\_\_\_ Other preschool -

Name/Location: \_\_\_\_\_

\_\_\_\_ Family Day Care

Provider \_\_\_\_\_

\_\_\_\_ Center-based Daycare

Provider \_\_\_\_\_

\_\_\_\_ Did not attend preschool

Jackson County Central School Transportation  
Provided By:



507-841-2458

john@palmerbusservice.com

**Please fill out this form and return it to the school.**

Parent(s) Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Daycare Name: \_\_\_\_\_ Daycare Phone: \_\_\_\_\_

Daycare Address: \_\_\_\_\_

CHILD NAME	G R A D E	AM PICK UP LOCATION	PM DROP OFF LOCATION	Parent or child will drive EVERY day

\*If anything other than this plan is needed, a note is required. Please include the name of the child that your child is accompanying and/or the family name of the home they are going to. The driver needs this information to safely and timely transport your child.

## Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate AND Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

**Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.**

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

\* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.



## Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

[You must select “yes” or “no” to this question.]

**Yes** [If yes, go to Question A.]

**No** [If no, go to Question 1.]

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

**Yes** [If yes, go to Question 1a.]

**No** [If no, go to Question 2.]

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

Go to Question 2.

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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**Question 2. Is the student American Indian from South or Central America?**

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.<sup>1</sup>

**Yes** [If yes, go to Question 3a.]

**No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                   |                                     |                                      |
|--|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Chinese  | <input type="checkbox"/> Karen      | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian        | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean     | <input type="checkbox"/> Unknown     |
| <input type="checkbox"/> Burmese             | <input type="checkbox"/> Hmong    | <input type="checkbox"/> Vietnamese |                                      |

Go to Question 4.

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**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

**Yes** [If yes, go to Question 4a.]

**No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Ethiopian-Other | <input type="checkbox"/> Somali      |
| <input type="checkbox"/> African-American    | <input type="checkbox"/> Liberian        | <input type="checkbox"/> Other black |
| <input type="checkbox"/> Ethiopian-Oromo     | <input type="checkbox"/> Nigerian        | <input type="checkbox"/> Unknown     |

Go to Question 5.

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**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

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**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

**Print/Save**

## JCC Provided Technology Device Use and Care Guidelines

**GRAD YEAR AND NAME:** \_\_\_\_\_ Providing students with an individual JCC Device in a 1-to-1 environment provides an opportunity to enhance each student's overall learning experience. All JCC Devices and installed applications or programs on the JCC Devices remain property of Jackson County Central School District and are subject to the same acceptable use guidelines as all other JCC provided electronic devices. JCC reserves the right, at any time, to confiscate and search a student's JCC Device to ensure compliance with the Acceptable Use and Bullying Prohibition Policy. Students in violation of the Acceptable Use Policy or Bullying Prohibition policy may be subject to but not limited to; disciplinary action, repossession, or overnight confiscation of the JCC Device; the student will still be responsible for completing all school work assigned.

**This agreement will apply to each year your student attends JCC.**

**Students will not receive a JCC Device until all Student/Parent/Guardian signatures are completed.**

**JCC Device, Charger Unit and Case Care:** The Use and Care guidelines include all JCC issued Devices, accompanying Chargers/Cords, and the JCC provided Case

- Users will keep the JCC provided device in an approved school provided case **AT ALL TIMES**. Users wishing to use a different case **must** get pre-approval from the JCC Technology Department prior to changing a school provided case.
- User will keep all food and liquid away from the JCC Device. User will not damage or destroy the case in any way.
- Screen protectors may not be removed, and no part of the case may be damaged, written on, or removed. The JCC issued Device, Case, Charger and Cord must be turned into the Technology Department at the end of the school year. All must be in good and usable repair.
- Lost Chargers, Cords, or sets must be paid for by the student prior to replacements being issued. ● JCC/Other Identification Tags/Stickers on JCC Devices may not be removed or covered by the User. ● Do not set anything heavy on the JCC Device.
- Do not drop, toss, or slide the JCC Device. Do not place items on top of the JCC Device. ● Carry the JCC Device, at all times, in a manner that keeps the JCC Device secure and undamaged. ● Clean with a soft, dry cloth.
- Defacing the JCC Device, or its case, is prohibited (stickers, markers, etc.)
- Do not expose JCC devices to temperature extremes; don't leave it in a car.
- Use only your finger or a JCC Device approved stylus on the JCC Device.
- Treat your JCC Device with care at all times. User is responsible for damages.
- If the JCC Device is lost, stolen, or damaged, Student User must immediately notify their School Principal and the JCC Technology Department.
- The JCC Device may only be connected to a JCC approved school syncing computer. No JCC Device may be connected and/or synced to a personal or other business, individual computer.
- User is responsible for ensuring JCC Device is fully charged for each day of school. ● Adding and deleting of JCC Device Apps, or unapproved programs, is prohibited. ● Addition of personal email accounts, iCloud accounts or any other non JCC approved account is prohibited at all times.

### **JCC Provided Technology Device Use and Care Guidelines**

- User will follow the school districts Bullying Prohibition Policy (514) and the Internet Acceptable Use and Safety Policy (524) when using any JCC Device.
- JCC Devices will not be taken into bathrooms or locker rooms.
- Do not change any of the JCC Device configuration items, including the JCC Device name, picture or other JCC Device settings,, unless told to do so by your teacher, principal or Technology Department.

User may change the wallpaper and background on your JCC Device, provided wallpaper and background is school appropriate.

- Passcodes may be placed on JCC Devices by the Student User, **provided** the Technology Department is informed of the passcode for documentation purposes.
- The whereabouts of the JCC Device should be known at all times. It is the Student User's responsibility to keep their JCC Device safe and secure.
- The JCC Device camera and voice recorder may not be used in any manner that would violate the rights and privacy of other students or staff.
- The JCC Device is provided by JCC solely for the student's educational use. No JCC issued device may be used by other family members or friends.
- User will be charged for the full replacement of any damaged or destroyed JCC owned/issued case. ● **Any** JCC Device repair or replacement costs resulting from JCC Device use by a family member, or an individual other than the assigned user, is the responsibility of the JCC Student User. ● If the JCC Device is broken beyond repair, the JCC Student User is responsible for the full cost of replacement of the JCC Device and/or related items, including chargers, cords or cases. ● The full replacement cost of lost or Stolen JCC issued Devices, Case, Cords, or Chargers are the sole responsibility of the JCC Student User.
- The Student User is responsible for the full repair/replacement cost of any damaged JCC Device when the said Device is in a case that has been damaged or where any or all of the case has been removed.

**Costs for Damages/Replacement of JCC Devices:** JCC's actual cost of repair for Devices begins at \$100.00 depending on the damage. The cost of Device replacement is different for iPads and Chromebooks. Any Device **not** in a JCC approved **and** undamaged case will be considered intentional damage and the student will be assessed the full cost of repair or replacement. If a student damages a Device but wishes to continue using it because it works fine, they will not be charged for damage **UNTIL** the device is turned in for repair **OR** the Device is turned in for the final time - graduation, leaving the District or moving from iPad to Chromebook. Damage to Devices and/or Cases must be reported to the Technology Department immediately.

#### **Repair - Accidental 1st and 2nd breakage**

1st Break: \$50.00 2nd Break: \$50.00

3rd Break: Full cost of repair/replacement

#### **Replacement:**

Ipad \$300.00 iPad Case \$35.00

iPad Cord \$19.00 iPad Charger \$19.00 Charger Set \$38.00 Chromebook \$220.00 CB Case:

\$28.00 CB Charger Set \$28.00 **Student/Parent/Guardian Signatures:**

#### **JCC Provided Technology Device Use and Care Guidelines**

1. I have read, and do understand, the JCC District policy relating to required and acceptable use of JCC issued electronic devices, such as JCC Devices, Chromebooks, and other related devices. I agree to abide by them. I further understand that should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken. Finally, I understand I am responsible for charges related to damage or loss of a JCC Device.
2. Technology, including school computers, Interactive Promethean Whiteboards, and JCC Devices have been implemented into Jackson County Schools for educational purposes. Access to any or all technology may be revoked at any time for abusive or inappropriate conduct related to use of electronic technologies. Failure to comply with the [District's Bullying Prohibition Policy \(514\)](#), [Internet Acceptable Use & Safety Policy \(524\)](#), or the [JCC Device Care and Use guidelines](#) may result in the loss of privilege to take the JCC Device home or use of the JCC Device altogether. The JCC Device is the property of the Jackson County Central School District and may be seized and reviewed at any time, in accordance with the [Search of](#)

[Student Lockers, Desks, Personal Possessions, and student's person policy \(502\).](#)

3. I have read and do understand the school district policies relating to safety and acceptable use of the school district computer system and the Internet and agree to abide by them. I further understand that should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken.
4. I have read all the policies and guidelines in the Jackson County Central School District's 1:1 JCC Device Program Policies and guidelines document and understand my responsibilities as a student in the JCC Device Program:

***5. I understand this agreement applies to EACH year I attend Jackson County Central Schools.***

**STUDENT:**

User's First/Last Name (please print clearly):

User Signature/Date/and graduation year:

**PARENT OR GUARDIAN:**

Parent/Guardian's First/Last Name and First/Last Name of Student (please print

clearly): Parent or Guardian's Signature/Date:

***The Internet Acceptable Use and Safety Policy can be found online at [http://jccschools.ss5.sharpschool.com/district\\_info/j\\_c\\_c\\_policies](http://jccschools.ss5.sharpschool.com/district_info/j_c_c_policies), under "500 Series- Students". A hard copy can be requested from the District Office by calling 507-847-3608***

## RIVERSIDE PARENT SURVEY

**\*Please help us learn more about your child by completing this short survey.**

- 1. What are some of your child's favorite activities and interests?**

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- 2. Does your child have any pets, and if so what kind/names?**

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- 3. What are your child's favorite foods?**

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- 4. What activities does your child enjoy doing with you and/or siblings?**

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- 5. What are your child's strengths?**

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- 6. Any concerns that you would like to share with us to help us better support your child?**

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- 7. Other:**

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