

**Dewey Middle School  
New Student Enrollment Packet**

Date \_\_\_\_\_

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

Do you live in the Dewey School District? \_\_\_\_\_

If you are a Transfer student (NOT currently living in the Dewey School District but with an approved transfer), in what school district do you reside? \_\_\_\_\_

Name of the previous school attended? \_\_\_\_\_

Address of previous school \_\_\_\_\_

Date of withdrawal from previous school \_\_\_\_\_

Is the student currently under suspension from any other school? \_\_\_\_\_

Has the student previously been a student at Dewey Schools? \_\_\_\_\_

If so, what grade did you last attend? \_\_\_\_\_

Have you ever been enrolled in any special programs/classes? \_\_\_\_\_

Have you ever had an IEP or 504 Plan? \_\_\_\_\_

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**Notice to Parent/Guardian**

Dewey Schools will carry all school records (including but not limited to: transcripts, grade cards, test records, class lists, honor rolls, publicity releases, etc.) in the **legal name** of the student, as established and verified by the given name listed on the student's birth certificate. Any assumed "goes by" last name **will not replace the legally given name** in any publication of school records. A change in the legal name must be verified by presenting the school office **with a record of the name change by court order.**

**Non-custodial parents** will have the right to any information or record relating to a minor child that is available to the custodial parent, including teacher/parent conferences, **unless restricted by court order.** In such cases, it is the responsibility of the custodial parent to provide a copy of the legal restrictions to the school office.

# Student Information Sheet

Please fill out and return to the school office.

## Student's Legal Name

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix (Jr, III) \_\_\_\_\_

Date of Birth MM/DD/YY \_\_\_\_/\_\_\_\_/\_\_\_\_ City and State of Birth \_\_\_\_\_, \_\_\_\_\_

Gender (circle one): Male Female

Ethnicity (Mark all that apply):

_____ White (non-Hispanic)	Percentage _____
_____ American Indian (non-Hispanic)	Percentage _____
_____ Black (non-Hispanic)	Percentage _____
_____ Asian (non-Hispanic)	Percentage _____
_____ Pacific Islander (non-Hispanic)	Percentage _____
_____ Hispanic	Percentage _____

Listing race percentages is optional. However, if no percentages are listed, please check all that apply, and circle the primary race.

Grade classification upon entry (the grade he/she will be in when they start attending DMS)

\_\_\_\_\_ 6th Grade \_\_\_\_\_ 7th Grade \_\_\_\_\_ 8th Grade \_\_\_\_\_ Unknown

Please list any special needs or requirements for this student.

\_\_\_\_\_  
\_\_\_\_\_

Please list any people who are **RESTRICTED** from having contact with or picking up this student. If the non-custodial parent is listed, we must have a copy of legal documentation stating restrictions.

\_\_\_\_\_  
\_\_\_\_\_

## Mailing Address:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

## Physical Address:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_

Citizenship/Nationality \_\_\_\_\_

## Guardian/Contact Information

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

Please list all parents, guardians, and contacts for this child. **Please list each person separately**, even if married. List in order of contact priority.

### **Contact 1:**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Male / Female

Phone (list preferred number first) \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_

\_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Check all that apply:  This person is a family member  This person is an emergency contact

This person can pick up the student from school  This person can receive mailings

This person is allowed online access to student grades

Non-English Speaking? Yes or No If yes, what language is spoken? \_\_\_\_\_

Email Address \_\_\_\_\_

Employer Name \_\_\_\_\_

### **Contact 2:**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Male / Female

Phone (list preferred number first) \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_

\_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Check all that apply:  This person is a family member  This person is an emergency contact

This person can pick up the student from school  This person can receive mailings

This person is allowed online access to student grades

Non-English Speaking? Yes or No If yes, what language is spoken? \_\_\_\_\_

Email Address \_\_\_\_\_

Employer Name \_\_\_\_\_

### **Contact 3:**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Male / Female

Phone (list preferred number first) \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_

\_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Check all that apply:  This person is a family member  This person is an emergency contact

This person can pick up the student from school  This person can receive mailings

This person is allowed online access to student grades

Non-English Speaking? Yes or No If yes, what language is spoken? \_\_\_\_\_

Email Address \_\_\_\_\_

Employer Name \_\_\_\_\_

Dewey Public Schools	<b>STUDENT RESIDENCY QUESTIONNAIRE</b>	School Year 20__ - 20__
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**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 under the McKinney-Vento Act.

Student Name:		Date of Birth:
School:		Grade:
Person Completing This Form:	Relation to Student:	Phone:
Current Address:		How Long?

	Yes	No
1. Is this current address a temporary living arrangement?		
2. Is this temporary living arrangement due to loss of housing, economic hardship, or domestic violence?		
3. Is the student being enrolled by someone other than parent or legal guardian?		
4. Is the student an unaccompanied youth (not living with a parent or legal guardian)?		
5. Is the student a Foster Child or waiting for Foster Placement?		

If you answered **NO** to **ALL** questions, please sign and date below. Submit form to school personnel.

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

If you answered **YES** to **ANY** question above, please complete the remainder of this form.

Please select the option that best describes your current living situation:

- With more than one family in a house or apartment. # Bedrooms: \_\_\_\_\_ # People: \_\_\_\_\_
- In a motel/hotel due to lack of alternative, adequate accommodations. Name of motel: \_\_\_\_\_
- In a shelter/transitional housing. Name of agency: \_\_\_\_\_
- In a house, building, or trailer **WITHOUT** running water, electricity, or gas.
- Living with family or friends because you are an unaccompanied youth (not living with parent or legal guardian).
- In a car, campground, abandoned building, or other public place not intended for regular habitation.
- Wherever I can find a place to stay at night.

Please list **all children** (under 21 y/o) currently living with you, including those not yet old enough for school enrollment.

First and Last Name of Child	Relationship to Student	Date of Birth	Grade	School Name

*I certify that the information provided above is correct and accurate.*

➡ Signature of Person Completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

# CODE OF CONDUCT FOR COMPUTER USE AND INTERNET ACCESS

The purpose of providing computer applications and Internet access is to develop communication skills and promote the exchange of information and ideas within the global community. The following represents a guide to the acceptable use of the technology provided by this district. All network use must be consistent with the policies and goals of the school district.

**Inappropriate use of district technology will result in the loss of technology use, disciplinary action, and/or referral to legal authorities.**

Each system user is expected to comply with all district policies governing Internet access and to abide by generally accepted rules of network etiquette. The general rules include but are not limited to, the following:

- (a) **Appropriate language** - Do not use abusive language in messages to others. Be polite. Do not use obscene, indecent, lewd, or profane language, vulgarities, rude or disrespectful language. Do not engage in personal attacks or activities intended to distress, harass, or annoy another user.
- (b) **Safety** - Do not reveal personal contact information about yourself or any other person. This information includes telephone numbers and addresses. Do not use the Internet access to arrange meetings with persons you have met online. Users will promptly disclose to the teacher, District system administrator or to some other member of the faculty or staff any message they consider to be inappropriate or which makes them feel uncomfortable.
- (c) **Electronic Mail** - Users should be aware that electronic mail (Email) may not be assumed to be a private communication. The District and system administrators do have access to Email. Messages relating to or in support of illegal activities will be reported to the authorities. System users should not post any message which is intended to be private.
- (d) **Network Resources** - System users should not use the network in a way that will disrupt the use of the network by other users. The network should be used for educational, professional and career development activities only. System users should refrain from downloading large files unless absolutely necessary, and then only when the system is not being heavily used. Such files should be removed from the system computer to the user's personal computer as soon as possible.
- (e) **Intellectual property** - Do not plagiarize work obtained from the Internet. Users must respect the rights of copyright owners and comply with all limitations imposed upon use of copyrighted material.

With access to such vast storehouses of information and instant communication with millions of people from all over the world, material will be available that may not be considered to be of educational value by the District or which is inappropriate for distribution to children. The District has taken available precautions, including but not limited to enforcing the use of filters that block access to obscenity, child pornography and other materials harmful to minors. However, on a global network, it is impossible to control all material and an industrious user may obtain access to inappropriate information or material. The District firmly believes that the value of the information and interaction available on the Internet far outweighs the possibility that students and employees may procure material that is not consistent with our educational goals.

Any user of District Internet capabilities implies an understanding of and agreement with the above terms and conditions of this Internet Acceptable Use Policy, and agrees to abide by all terms and conditions described. If a parent wishes to limit their students access to the Internet while at school they may request such in writing at a building office.

## Statement of Policy for Drug-Free Schools

- A. All students will participate in a developmentally based drug and alcohol education and prevention program.
- B. Students are hereby notified that the use, possession, or distribution of illicit drugs, and alcohol is wrong and harmful to themselves as well as to others.
- C. **Standard of Conduct:** The use, possession, distribution, sale, or being under the influence of alcohol, illicit drugs, and or inhalants will not be tolerated on school property or within one thousand feet of school property. Compliance is mandatory.
- D. **Disciplinary Sanctions:** Students who violate paragraph "C" shall be subject to discipline deemed appropriate in view of all the facts and circumstances. Discipline will be consistent with local, state, and federal law. Disciplinary sanctions may include the possibilities of:
1. In School Suspension
  2. Suspension from school (short or long term)
  3. Alternative education placement (as appropriate)
  4. Referral to law enforcement officials
  5. Completion of an appropriate rehabilitation program.
- E. Information about drug and alcohol counseling and rehabilitation and re-entry programs are available in the principal's and/or the counselor's office.
- F. Students and Parent(s) will receive a copy of this Statement of Policy for a Drug-Free School. (See Parent/Student Handbook)
- G. A biennial review of the policies will be conducted. Disciplinary Sanctions, Paragraph "D" will be consistently enforced.
- H. This record of notification and compliance with the Drug-Free School policy will be kept in the student's cumulative record folder.

## Parent Statement of Acknowledgement of Policy

I have read the Statement of Policy for Drug-Free Schools, and understand my child, while in attendance in this school district will be governed by such policy. (Sign and return to building office)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

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

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## Photo/Video Release

I give Dewey Public Schools the right to use all still and moving images that I appear in for any use. This use includes, but is not limited to: video, multimedia, web-based, and print curriculum, training materials, other instructional medial advertising, commercials, other promotional materials, videoconferencing/distance learning, web page images, and all other forms of media. I give this right of the use of my likeness for the usable life of the media.

I further understand and agree that my compensation for this use of my likeness of \$0 and that I will not request further compensation at a later date.

I further agree that I will not hold Dewey Public Schools liable for any reason if the image is used following the acceptable uses as stated above. This institution then promises and agrees to use all images in an appropriate educational manner.

Please sign below signifying your **acceptance** to the agreement.

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

# Student Internet Access Agreement

## Student Section

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First) (Middle)

I have received a copy of the Internet Acceptable Use Policy as contained in the Student Handbook. I have read and agree to abide by their provisions. I understand that any violation of the use provisions may result in disciplinary action including, but not limited to, suspension and/or revocation of network privileges and suspension from school.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent or Guardian Section (Required):

I have read the Internet Acceptable Use Policy as contained in the Student Handbook for Dewey Public Schools. I understand that the School District has taken reasonable precautions to ensure that access to controversial material is limited to the extent possible. I realize, however, that it is not possible to completely prevent access to inappropriate material. I will monitor my child's use of the network and his/her access to the Internet and will accept full responsibility for supervision in that regard if and when my child's use is not in a school setting. I hereby release the School District from liability in the event that my child acquires inappropriate material through the use of the District's computing resources or the Internet. I hereby request that the District issue an account for my child and certify that the information contained on this form is correct.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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## Field Trip Permission Form

Students may take field trips throughout the school year. These trips will be taken during regular school time unless you are otherwise informed. The children will be under close supervision and every safety precaution will be observed.

Each child must have written permission from his/her parent to make these trips. Please sign the following statement and return it.

My child \_\_\_\_\_ may go on field trips.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL YEAR:

# HOME LANGUAGE SURVEY



## STUDENT INFORMATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Gender: Male  Female   
MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? YES  NO

Please select one or more of the following races:

- African American/Black
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander
- Caucasian/White

**The purpose of the following questions is to help determine if a student's exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.**

1. What is the dominant language most often spoken by the student? \_\_\_\_\_
2. What is the language routinely spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_
3. What language was first learned by the student? \_\_\_\_\_
4. Does the parent/guardian need interpretation services? YES  NO  If YES, in what language? \_\_\_\_\_
5. Does the parent/guardian need translated materials? YES  NO  If YES, in what language? \_\_\_\_\_
6. What was the date the student first enrolled in a school in the United States? \_\_\_\_\_  
MM/YYYY

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Parent or Guardian Signature

## SCHOOL USE ONLY

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

**If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:**

A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered "more often" and has previously demonstrated English language proficiency on the PKST\* or WIDA assessment :

<b>Assessment Name:</b> _____	<b>Year Assessed:</b> _____	<b>Score:</b> _____
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A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered "less often" and has demonstrated English language proficiency on the PKST\* or WIDA assessment. The student's PKST\* or WIDA assessment score and additional qualifying score is noted on the attached "Less Often" Non-EL Bilingual Qualification Form.

\*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.



**DATOS DEL ALUMNO**

Nombre del alumno: \_\_\_\_\_ Grado: \_\_\_\_\_  
 Apellido(s)                      Nombre                      Segundo Nombre

Fecha de nacimiento: \_\_\_\_\_ Escuela: \_\_\_\_\_ No. de carnet estudiantil: \_\_\_\_\_ Genero: Masculino  Feminino   
 MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino?      SI       NO

Seleccione una o más de las siguientes razas:

- afroamericana/negra                       amerindia o nativa de Alaska                      asiática  
 Hawaiana o isleña del Pacífico                       caucásica/blanca

**Las preguntas siguientes nos ayudan a determinar si exposición del estudiante a idiomas fuera del ingles podria hacerlos elegibles para recibir recursos adicionales de English Learners (Aprendiz de inglés).**

1. ¿Cuál es el idioma predominante que con mayor frecuencia habla el alumno? \_\_\_\_\_
2. ¿Cuál es el idioma que normalmente se habla en el hogar, independientemente del idioma que habla el alumno? \_\_\_\_\_
3. ¿Cuál fue el idioma que el alumno aprendió por primera vez? \_\_\_\_\_
4. ¿Requiere el padre/tutor servicios de interpretación?      SI       NO       En su caso, ¿para qué idioma? \_\_\_\_\_
5. ¿Requiere el padre/tutor materiales traducidos?      SI       NO       En su caso, ¿para qué idioma? \_\_\_\_\_
6. ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? \_\_\_\_\_  
MM/AAAA

\_\_\_\_\_                      FECHA (MM/DD/AAAA)                      \_\_\_\_\_                      Firma del padre/tutor

**SOLO PARA USO ESCOLAR**

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

**If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:**

A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered **"more often"** and has previously demonstrated English language proficiency on the PKST\* or WIDA assessment :

<b>Assessment Name:</b>		<b>Year Assessed:</b>		<b>Score:</b>	
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A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered **"less often"** and has demonstrated English language proficiency on the PKST\* or WIDA assessment. The student's PKST\* or WIDA assessment score and additional qualifying score is noted on the attached "Less Often" Non-EL Bilingual Qualification Form.

\*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

