



Castle Dale Elementary School Registration Forms and Signature Sheet 2020 – 2021 School Year



Instructions: Use this form to simplify the registration signature process. For links, please look online at: cde.emeryschools.org. Under the **QUICK LINKS** heading you will find the **REGISTRATION** link where all registration policies and documents are located. **After reading each document, mark the corresponding box (X) to indicate that it has been read. When given a choice of IDO or IDO NOT please (X) only one box.** When finished, fill out the requested information at the bottom of the page. The **student and parent** are required to sign the form. If you do not have internet access, there will be copies available to you at the school. **Keep all of the policy documents for your records, and return only this Signature Sheet and the Emergency Contact Sheet when you come to school.**

- BUS RULES AND TRANSPORTATION POLICY**
- EMERY DISTRICT COMPULSORY ATTENDANCE POLICY**
- HEALTH INSURANCE** - (Emery District does not provide insurance for injuries at school.)
- C.H.I.P. Information**
- INTERNET ACCEPTABLE USE AGREEMENT/RULES** - Acceptable use of computers and internet policy. All internet accounts are subject to review by the school and/or district and can be terminated at any time for improper use as determined by school and/or district officials. **I DO** or **I DO NOT** give permission for my child to use the internet while at school.
- INTERNET SAFETY**
- BRING YOUR OWN DEVICE POLICY**
- SOCIAL MEDIA POLICY**
- COMMUNICATION POLICY**
- CONCUSSION AND HEAD INJURY POLICY**
- SWISH PROGRAM** - **I DO** or **I DO NOT** give permission for my child to participate in the SWISH dental program.
- VISION SCREENING** - **I DO** or **I DO NOT** give consent for my child to have a vision screening.
- SCHOOL COUNSELING** – **I DO** or **I DO NOT** give consent for my child to participate in school counseling services.
- HEALTH DEPARTMENT QUESTIONNAIRE** – Please return the Health Department Questionnaire form to the school if any questions were answered YES.
- TITLE 1 PARENT SCHOOL LEARNING COMPACT** **PARENT INVOLVEMENT POLICY**
- SCHOOL LUNCH PROGRAM** - Free Lunch Application, Prices, etc.
- FOOD SERVICE ACCOUNT BALANCE** - At the end of the year - I want a refund. OR Roll the balance to the next year or to another family member.
- MEDIA RELEASE and PUBLICATIONS** - Frequently Emery County School District wishes to feature student achievements, extra-curricular activities, clubs, sports, and other activities.
 - I DO** or **I DO NOT** give permission for my child’s name, picture, achievements, artwork, and school work to be used in association with web based programs, news media, posters, and other activities connected with Emery County School District.
- EMERGENCY CONTACT SHEET** – Filled out and ready to return.
- SCHOOL FEES NOTICE**
- HEADPHONE AGREEMENT**
- REMIND TEXT SIGN-UP** (Optional, but recommended.)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Student’s Name: _____ Grade: _____

Any special instructions we need to know about: _____

Student Signature: _____ Date _____

Parent Signature: _____ Date _____

Your email and phone number are needed so that we can contact you in an emergency situation. They will also be used for PARENTLINK notifications of District and/or School information and announcements.

Phone Number: (_____) _____ - _____ **Email:** _____