

2023-2024

WEST JASPER SCHOOL DISTRICT  
Student Registration Verification

**\* ENROLLED STUDENTS ONLY \***

Bay Springs Elementary School  
Bay Springs High School

Bay Springs Middle School  
Stringer Attendance Center

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

Student Cell Phone (7-12 only) \_\_\_\_\_

**Parent/Guardian Information**

Who does the child live with: Mother\_\_\_\_ Father\_\_\_\_ Guardian\_\_\_\_ Foster Care\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
First Last Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
First Last Work Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

**Address**  
Physical /911 \_\_\_\_\_

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Student Living With Legal Guardian: Court Document Required Signed by Judge**

Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
First Last

**Does your child have brothers or sisters enrolled in this school district:**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

**Emergency Contact/Checkout Other than Parent or Guardian**

Name	Relation	Phone
_____	_____	_____
_____	_____	_____

**Residency Verification**

2 proofs of residency are required and **Must Be Dated Within 60 Days Of Registration**. Choose 2 proofs from the list below. **Parent/Guardian name must be the same on both proofs.**

**Water, Rental Agreement, Electric, Gas, Mortgage Statement, Home Insurance Bill not policy), Cable/Satellite**

I certify that the above information is true and correct.

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

# West Jasper School District - Student Health History

Please return to the school nurse. This form will become CONFIDENTIAL once received by the nurse.

STUDENT's Name \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ SEX \_\_\_\_\_ Grade/Homeroom Teacher \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_  
PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_  
PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMERGENCY CONTACT OTHER THAN PARENT'S/ GUARDIANS :

1. \_\_\_\_\_ PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_
2. \_\_\_\_\_ PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_

Name of child's primary doctor \_\_\_\_\_ Phone \_\_\_\_\_

Please list any Medication your child takes on a daily basis: \_\_\_\_\_

Does your child require any medications during school hours? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YOU MARKED YES, YOU MUST COMPLETE THE MEDICATION ADMINISTRATION FORM AND BRING THE MEDICINE (WITH THE PRESCRIPTION LABEL ON IT) OR A PRESCRIPTION FROM THE DR. TO THE SCHOOL NURSE\*\*MEDICATION MUST BE IN THE ORIGINAL CONTAINER AND PROPERLY LABELED WITH STUDENT'S FIRST AND LAST NAME. THIS IS A STATE REQUIREMENT\*\***

Is your child ALLERGIC to any MEDICINE? YES / NO

Please List \_\_\_\_\_

Describe Reaction \_\_\_\_\_

Is your child ALLERGIC to any of the following: (Please Circle)

Bee/Wasp Sting Ant /Other Insect Bites Fish/Seafood Peanuts or other nuts Milk Eggs

Describe type of reaction \_\_\_\_\_

In case of an Allergic Reaction Emergency:

Does your child require an EPIPEN YES / NO or Benadryl YES / NO Other: \_\_\_\_\_

**If your child has a history of Anaphylactic Reaction (Severe Allergic Reaction), the parent/Guardian is responsible to bring an Epi-pen (in the box with the prescription label on it) or a Doctor's order to the nurse to leave at school. (See "Rules for medication at school" in handbook).**

Does your child require a special kind of diet? YES / NO What type? \_\_\_\_\_

**If your child has a special diet or food allergies, Please provide a Doctor's order for the cafeteria. A new Doctor's Order is required each school year. \*\*\*PARENT IS RESPONSIBLE FOR INFORMING SCHOOL NURSE/TEACHER'S OF ANY AND ALL ALLERGIES\*\*\***

Does your child wear glasses or contacts? YES / NO

Please circle any health conditions your child has or has a history of:

Asthma	Stomach Problems	Seizures	Anxiety/Depression	Bone/Joint Problems
Anemia	Headaches	Nosebleeds	High Blood Pressure	Sickle Cell Trait/Disease
Autism	Hearing Loss	Scoliosis	Speech Problems	Vision Problems
Diabetes	Heart Murmur/Defects		Menstrual Cramps	Birth Defect/Physical Handicap
Attention Deficit Disorder (ADD) /Attention Deficit Hyperactivity Disorder (ADHD)				Other: _____

Does your child require an INHALER for ASTHMA at school? YES / NO **IF YOU MARKED YES, YOU MUST COMPLETE THE MEDICATION ADMINISTRATION FORM AND BRING THE INHALER BOX (WITH THE PRESCRIPTION LABEL ON IT) OR A PRESCRIPTION FROM THE DR. TO THE SCHOOL NURSE MEDICATION MUST BE IN THE ORIGINAL CONTAINER AND PROPERLY LABELED WITH STUDENT'S FIRST AND LAST NAME. THIS IS A STATE REQUIREMENT** \*\*State Law: Senate Bill 2363 requires an Asthma Action Plan from your child's doctor if they require medication for asthma while at school\*\*

# West Jasper School District - Student Health History- (Part 2)

Please return to the school nurse. This form will become CONFIDENTIAL once received by the nurse

## I UNDERSTAND THE FOLLOWING:

I am responsible to inform my child's teachers of any and all allergies and medical conditions that my child has, and/or routine medications that my child takes.

I understand that my child may not carry any medications on him/her UNLESS THE Doctor order specifies that it is necessary to do so.

If my child becomes ill or injured at school, I will be notified either in writing or by phone.

Any suspicious signs of physical or emotional abuse or neglect, by law, will be reported to the Department of Human Services, Child Welfare Division.

My child may be screened at school during the school year for scoliosis, vision, head lice, and illnesses.

I give my permission to the SCHOOL NURSE to share and receive information relevant to prescribed medications and medical condition as determined appropriate for my child's Health and Safety.

I give my permission for The SCHOOL NURSE to administer prescribed medication, assess and intervene for injury and illness, and administer "as needed" (PRN) medications as follows: Tylenol, Ibuprofen, Antibiotic Ointment, Tums, Chloraseptic Throat Spray, Cough drops, Anti-Itch Cream, Ora-gel, Benadryl, Saline eye drops, and emergency Albuterol and Epi-pens, in accordance to the West Jasper School District Standing Orders which have been approved and signed by Dr. Keith Lay Jr, the Voluntary Physician for the West Jasper School District, in the event that my child becomes ill at school. The school nurse does not diagnose. Only a qualified physician or nurse practitioner can diagnose.

## RELEASE AND INDEMNITY AGREEMENT

I/We forever release, discharge, and covenant to hold harmless the West Jasper School District, its personnel and board to trustees from any all claims, demands, damages, expense, loss of services and causes of action belonging to my/our child or to the undersigned arising out of any injury, sickness, disability, loss or damages of any kind resulting from administration of medication to my child by qualified school personnel.

I/We agree to repay the school district, its personnel or trustees any sum of money, expenses, or attorney's fees that any of them may be compelled to pay in defense of any action or on account of any such injury to my/our child as a result of administration of medication to my child by qualified school personnel.

I/We have read the foregoing release and indemnity agreement and fully understand it.

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

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, accept full responsibility for the safe and secure handling of the technology device(s) issued to me by the West Jasper School District. I accept full responsibility for the proper use of the technology device(s) under all school board policies and applicable handbooks. I understand that if there is found to be intentional loss or damage to my device(s) applicable fines may be issued.

User Name: \_\_\_\_\_ (Please Print)

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Responsible Use of District Issued Technology Agreement Parent or Guardian**

As the parent/guardian of the above student, I, \_\_\_\_\_, understand my child's responsibility in the use and care of the issued technology device(s) by the West Jasper School District. I accept full responsibility for the proper use of my child's technology device under all applicable school board policies and the applicable handbooks. I understand that if I or my child is found to be the intentional cause of damage to the equipment, I will be responsible for all fines that may be issued.

Parent/Guardian Name: \_\_\_\_\_ (Please Print)

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

**WEST JASPER SCHOOL DISTRICT  
Parent/Guardian Chromebook Responsibility Form**

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

Student School: \_\_\_\_\_ MSIS: \_\_\_\_\_

The Chromebook Check-Out Program is a partnership between the West Jasper School District (WJSD) and families (family, parent(s), guardian(s), children or student).

I understand that WJSD will allow each student the opportunity to check out a Chromebook to use during the school year with the understanding that the students and the parents will assume responsibility for the device that is entrusted to them. Any damage to the device, while it is in your care, will be your responsibility to pay for as determined by the WJSD Technology Department.

The Chromebook will be restricted to student accounts. Accounts other than the student accounts will not be able to log into the device. Chromebooks will have filtered internet access regardless of the connected network.

WJSD strives to provide opportunities for all students to experience success in a safe and healthy learning environment. With this in mind, teachers will provide online instruction during the school year. Students are expected to participate in these instructional activities and complete any lessons assigned to them.

If a Chromebook is issued, the student and parent/guardian agree below that they assume responsibility for the device and agree to pay for any damages that occur to the device while in their care.

Items Received:

Item	Asset Number	Received: Mark w/check mark
Laptop		
Power Supply and Cable		
Protective Case		

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# West Jasper School Bus Information Form

## **Bus Policy Revision 2019**

In order for a student to ride the bus his/her parent or guardian must fill out a bus information form for each individual student. This form must be returned to the school and once the form is received, a bus will be assigned. In order for a student to remain on a bus roster, he/she must ride the bus at least 3 days a week. If a student does not ride the bus 3 days a week, he/she will be removed from the bus roster (if a student is absent from school, they will not be removed).

In the morning a student may board the bus at his/her permanent address (this is the address used for school registration purposes). In the afternoon, the student will be dropped off at the same location he/she was picked up at that morning or the address designated as the afternoon drop off on the bus information form. **No student will be allowed to ride any bus other than his/her assigned bus.** No temporary bus passes will be allowed.

It is the parent/guardians responsibility to ensure someone is home in the afternoon to receive children. The West Jasper School District is not responsible for ensuring someone is home when dropping students off in the afternoon. The West Jasper School District will not let a student on or off the bus at any location other than the address used for school registration or designated as the afternoon bus stop( on the bus information form), unless specifically approved by the transportation director.

In order for a student to change his/her routine method of transportation (bus vs car) in the afternoon, a written note must be submitted to the school by 10 a.m. the day of the change. If the change is for multiple days, a note must be submitted daily by 10 a.m. on the day of the change. **No temporary bus passes will be allowed.**

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

**Bus Number A.M.:** \_\_\_\_\_

Physical Address of A.M. bus stop: \_\_\_\_\_

**Bus Number P.M.:** \_\_\_\_\_

Physical Address of P.M. bus stop: \_\_\_\_\_

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