

User's Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
User's Address _____			
<i>Street Address</i>	<i>City</i>	<i>Zip Code</i>	
User's Age ____	Date of Birth _____	Phone Number _____	
If applicable, Users Grade : _____			

As a user of the Jackson Independent District's computer network, I hereby agree to comply with the District's Internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

User's Signature

Date

As the parent or legal guardian of the student (under 18) signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that this access is designed for educational purposes; however, I also recognize that some materials on the Internet may be objectionable, and I accept responsibility for guidance of Internet use by setting and conveying standards for my child to follow when selecting, sharing, researching, or exploring electronic information and media.

The Outlook Live e-mail solution is provided to your child by the District as part of the Office 365 service from Microsoft. By signing this form, you hereby accept and agree that your child's rights to use the Outlook Live e-mail service, and other Office 365 services as the Kentucky Department of Education may provide over time, are subject to the terms and conditions set forth in District policy/procedure as provided, and that the data stored in such Office 365 services, including the Outlook Live e-mail service, is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the Office 365 ID provided to your child can also be used to access other electronic services that provide features such as online storage and instant messaging. Use of those Microsoft services is subject to Microsoft's standard consumer terms of use (the Office 365 Service Agreement), and data stored in those systems is managed pursuant to the Office 365 Service Agreement and the Microsoft Online Privacy Statement. Before your child can use those Microsoft services, he/she must accept the Office 365 Service Agreement and, in certain cases, obtain your consent.

_____ <i>Signature of Parent/Guardian</i>	_____ <i>Date</i>
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NOTE: FEDERAL LAW REQUIRES THE DISTRICT TO MONITOR ONLINE ACTIVITIES OF MINORS.

All copies of this signature page are to be submitted to the District Chief Information Officer and will be kept on file.

Permission Form For Photos, Videos, Interviews and Web Publication

JACKSON INDEPENDENT School District

940 Highland Ave, Jackson, KY 41339

(606) 666-5164

**PARENTAL PERMISSION FOR MEDIA USE OR DISTRICT BROADCAST, WEB OR OTHER
PUBLICATION OF STUDENT'S PHOTOGRAPH, LIKENESS, WORK AND/OR VOICE
FOR SCHOOL YEAR 2010-2011**

This form is used to establish formal parental permission for students and their work to be shown in photographs, audio/videotapes, and interviews with the news media, JACKSON INDEPENDENT educational access channel or web site. Please call your school if you have questions.

GENERAL MEDIA AND SCHOOL COVERAGE

Throughout the year there may be in-school programs, events or meetings (such as a school-wide assembly or PTA event) that are open to the public and where large group photographs or videotapes will be taken by the media or school district staff. In these cases, students would not be identified by name. ***Your consent to these types of group photographs or videotapes is assumed, UNLESS YOU NOTIFY YOUR CHILD'S SCHOOL IN WRITING that you do not want your child included in such photographs or videotapes.***

SPECIFIC MEDIA COVERAGE AND SCHOOL PUBLICATIONS

In addition to the above situations, there may be times the media (newspaper, television or radio) or school district staff, ***with the approval of the building principal***, may take photographs, audio/videotape students or interview students in a manner that would ***individually identify a specific student***. The school district may display student pictures and projects in a variety of ways that reasonably portray programs of the JCS, including pictures of field trips, science fairs, and other activities appearing in yearbooks or school/district publications. Student likeness and work may also appear on the district educational access cable channel, or web site, thereby making it available to anyone with local cable or internet access. (Please circle your choice for each area below):

- I _____ give permission for my child to be individually photographed, audio/videotaped or interviewed by ***the media***
- I _____ give permission for my child to be individually photographed or audio/video taped by district personnel for broadcast on ***the JCS educational access channel***.
- I _____ give permission for my child's photograph to appear on the ***JCS web site or in district publications***.
- I _____ give permission for my child's full name and grade to appear on the ***JCS web site or in district publications***.
- I _____ give permission for my child's work, first name, grade, and school to appear on the ***JCS web site or in district publications***.

I further release the Jackson Independent Board of Education, and any of its employees or agents, from any compensation or damages in its use of photographs, audio/videotapes or interviews for district dissemination via the website, print or cable access channel or the media's use of same. I do further certify that I am of full legal capacity to execute the above authorization and release.

Student's Name: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Jackson Independent Student/Staff Wireless Access Agreement

UNACCEPTABLE BEHAVIOR

Users are prohibited from using the Jackson's internet connection to view, download, save, receive, or send material related to or including:

- Offensive content of any kind, including pornographic material.
- Promoting discrimination on the basis of race, gender, national origin, age, marital status, sexual orientation, religion, or disability.
- Threatening or violent behavior.
- Illegal activities.
- Commercial messages.
- Gambling.
- Personal financial gain.
- Forwarding e-mail chain letters.
- Material protected under copyright laws.
- Opening files received from the Internet without performing a virus scan.
- Downloading, sending, or streaming large media files.
- Tampering with your e-mail "sent from" handle in order to misrepresent yourself and the school to others.
- Undertaking deliberate activities that waste staff effort or networked resources.

Network communications are filtered, but offensive material may evade efforts to block it. Users are asked to refrain from displaying materials on their computers that may be interpreted as intimidating, hostile, offensive, or inappropriate. Transmission, reception, or display of any material of communications in violation of any U.S. or state regulation is prohibited, including unauthorized duplication of copyrighted material, access or dissemination of threatening or obscene material or of material protected as trade secrets.

Jackson Independent will provide data available to law enforcement if requested.

VIOLATIONS

Violations will be handled per the standard of character and conduct detailed in the Student Handbook and the Acceptable Use Policy (AUP).

IMPORTANT INFORMATION ON COPYRIGHT & MUSIC FILES

Using a computer to copy or store any copyright material (music, movies, images, etc.) is a violation of state and federal law. Doing so leaves you liable, on conviction, to heavy fines and/or possible imprisonment. MP3 music files are completely legal, but it's illegal to have MP3s of music recordings that you don't already own, or to which you haven't obtained rights to possess. If a complaint of copyright infringement is made against you, Jackson Independent will ask you to cease the activity that violates copyright. Failure to act may result in disciplinary action being taken by Jackson Independent.

PLEASE SIGN, INDICATING YOUR AGREEMENT TO COMPLY WITH THESE POLICIES & PROTOCOLS.

FULL NAME _____ GRADE: _____
FIRST MIDDLE LAST

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

Jackson City School Signature Form

Grade:

Student Name:

Birth Date:

Address:

Phone Number:

Date:

1) Jackson Independent Electronic Access/User Agreement Form

Student Printed Signature:

Student Signature: _____

Parent/Guardian Printed Signature:

Parent/Guardian Signature: _____

2) Permission Form for Photos, Videos, Interviews and Web Publication

- Photos for Media
- Photos for TV
- Photos for Web/Dist Pub
- Child's Name on Web/Dist Pub
- Child's Work on Web/Dist Pub

Parent/Guardian Printed Signature:

Parent/Guardian Signature: _____

Jackson Independent Student/Staff Wireless Access Agreement

Student Printed Signature:

Student Signature: _____

Parent/Guardian Printed Signature:

Parent Guardian Signature: _____

SAVE

PRINT

Jackson Independent Schools Health Form Update- Completed Annually (1 Per Student)

Medical Information

Student Name: _____
(First Name) (Middle Name) (Last Name)

Physician: _____ Phone: (____) _____--_____

Are there any particular medical problems your child may be experiencing? (Please explain.)

- ☐ Physical Disabilities _____
- ☐ Medicine Allergies _____
- ☐ Asthma _____
- ☐ Diabetes _____
- ☐ Seizures _____
- ☐ Epilepsy _____
- ☐ Hearing Difficulties _____
- ☐ Kidney Problems _____
- ☐ Heart Disease _____
- ☐ Nervous Disorder _____
- ☐ Cancer _____
- ☐ Tuberculosis _____
- ☐ Other _____

Is this child allergic to any foods? ☐ Yes ☐ No If yes, please list. _____

Is this child allergic to any medications? ☐ Yes ☐ No If yes, please list. _____

Is this child allergic to any insects? ☐ Yes ☐ No If yes, please list. _____

If this child is allergic to anything else that could cause the child harm, please list: _____

If your child has a severe allergy that could result in anaphylactic shock, we must receive a physician's statement and a sufficient supply of their prescribed medication to be kept at the school for your child's use in the event of an emergency.

Is your child currently on any routine medication? ☐ Yes ☐ No If yes, please list below:

Medication _____	Dosage _____
Medication _____	Dosage _____
Medication _____	Dosage _____
Medication _____	Dosage _____
Medication _____	Dosage _____

A "Permission Form for Prescribed or Over-the-Counter Medication" (Form 09.2241 AP.21) is available at the school office. This form must be completed for any medication a student will need to take during school hours.

Please attach further information if there is a serious medical issue that we need to be aware of.

Parent Signature

In case of emergency, accident, or serious illness of the above named child, I request the school to contact me. If school personnel are unable to contact me, I hereby authorize them to call the people whom I have placed on my child's emergency contact list. If it is impossible to contact the physician named above, I hereby authorize the school to take action necessary to maintain the student's health.

Parent/Guardian's Name (PLEASE PRINT) _____

Parent/Guardian's Signature _____ Date: _____

Special Diets due to Allergies or Medical Problems

If your child has a severe food allergy or a medical problem that requires a special diet, please fill out the form below, attach an official letter from the child's doctor and return to the Food Service Department.

A meeting will be scheduled with the Principal, the Food Service Coordinator, and your child's teacher.

The official letter from the student's doctor must contain information describing the child's problem, what food can be eaten and what food cannot be eaten, and the severity of the problem and what action needs to be taken if the problem occurs. This information is required so that food service personnel can make substitutions when necessary, as well as, inform the teacher and/or school staff how to administer preventive treatment, if necessary.

Even if you have a form already on file from a previous year, you must renew this information yearly. Please call and set up an appointment for renewing information about your child.

If you have any questions about anything, please call Mrs. Angela Raleigh at (606) 666-5164 ext. 2113.

Special Food Diet for 2016-2017

Name of Student: _____ Grade: _____

Name of Parents: _____

Address of Parents: _____

Telephone Number: _____

Problem that needs a modified diet:

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Additional comments: _____

Jackson City School

STUDENT T-CODE VERIFICATION DATE: _____

The Jackson Independent Board of Education is updating student transportation records. Please have a parent or guardian complete this form for each student and return it to the student's teacher. **If not completed by student or parents, then a school official (teacher, clerk or other) may interview the student and complete the form. Information must be verified and entered into the KSIS for each student.**

STUDENT NAME: FIRST: _____ MIDDLE: _____ LAST: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (if different than above): _____

HOME TELEPHONE: _____ CELL NUMBER: _____

BUS RIDER INFORMATION

In general, as a matter of routine:

RIDER INFORMATION	YES	NO
I DO NOT RIDE THE BUS		
I RIDE THE BUS TWICE DAILY OVER ONE MILE		
I RIDE THE BUS ONCE DAILY OVER ONE MILE		
I RIDE THE BUS TWICE DAILY UNDER ONE MILE		
I RIDE THE BUS ONCE DAILY UNDER ONE MILE		

BUS NUMBER THAT PICKS YOU UP AT HOME: _____ BUS NUMBER THAT DROPS YOU OFF AT HOME: _____

For school use only: T-code assigned in IC _____

Subsequent change notes (used to document any changes to the information above during the school year)

1) _____

2) _____

3) _____

MINOR CHILD

☐ **General Use** ☐ Specific Project: _____

I, (*print full name*) _____, hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association, and UK Research Foundation to interview, photograph, and/or videotape my minor child, _____, and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

Please check all that apply:

☐ UK Educational Publications/Videos

☐ UK Electronics Publishing (e.g., World Wide Web)

☐ UK Promotion/Advertising

☐ Local/Regional/National News Media
(w/permission of UK)

Signature of Parent or Guardian: _____ Date: _____

Signature

Relationship: _____

Witness: _____ Date: _____

Signature

10/27/2004

Each month, the Cooperative Extension Service mails out a free newsletter, with more information about our events, programs, recipes and much more. We would LOVE to send this to you!

Would you like to receive our newsletter? ____YES (please list your address below) ____ NO

Name: _____

Address: _____

City, State Zip: _____

Any employee who believes they have been discriminated against may seek resolution through a variety of paths. Discrimination may be reported to the District Director or supervisor. To initiate a complaint at the college level, contact Tim West in the Business Office at 859-257-3879. At the University level, Terry Allen and Patty Bender in the [UK Office of Institutional Equity and Equal Opportunity](#) (859-257-8927) may be contacted. Additionally, employee or clientele complaints involving any research or extension sponsored program or activity may be directed to the USDA, Director Office of Civil Rights, Room 326-W Whitten Bldg., 14th & Independence Ave. SW, Washington DC 20250-9410 (202-720-5964).

Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin.

see blue.

An Equal Opportunity University

JACKSON CITY SCHOOL FAMILY RESOURCE AND YOUTH SERVICES CENTER SY 2016-2017

STUDENT'S NAME: _____ DOB: _____

ADDRESS: _____

SCHOOL: _____ GRADE _____ TEACHER: _____

..... PERMISSION FOR SERVICES/ACTIVITIES & ACTIVE CONSENT

I, as parent /guardian give permission to the other agencies participating in the Jackson City School Family Resource and Youth Services Center to provide services and/or activities to my child/student.

We are required to provide the state department with assessment data for our county each school year. This assessment data is reported anonymously and used for various projects including statistics, grants, reports, etc. We will administer different assessments and surveys throughout the school year. Please remember that all of the assessments and surveys are anonymous, which means your student's name will not go on any of the surveys or assessments. These surveys and assessments will include, but are not limited to:

- | | |
|---|---|
| <input type="checkbox"/> Safe and Drug Free Schools (K-12 th)
<input type="checkbox"/> KIP Survey (grades 6 th , 8 th , 10 th , & 12 th)
<input type="checkbox"/> Reality Store
<input type="checkbox"/> YMCA Surveys
<input type="checkbox"/> Theatre Performances
<input type="checkbox"/> Drug Prevention Programs
<input type="checkbox"/> Foundation for a Healthy KY Surveys
<input type="checkbox"/> 4H Programs | <input type="checkbox"/> Emergency Clothing/hygiene items
<input type="checkbox"/> UNITE
<input type="checkbox"/> Community Service Projects
<input type="checkbox"/> Suicide Prevention
<input type="checkbox"/> Red Ribbon Week
<input type="checkbox"/> Student Survey
<input type="checkbox"/> Newspapers/Photo Release
<input type="checkbox"/> May participate in all Activities |
|---|---|

It is my understanding that when my child is participating in activities of the center, he/she is responsible for his/her behavior and is expected to act in a reasonable manner. I am also aware that any emergency that occurs during this time will be handled in a similar way as during school hours. I will not hold the center, school, or other participating organization or agency liable in case of illness, accident, and injury or for medical and/or surgical treatment in an emergency situation.

The purpose of the Jackson City School Family Resource and Youth Services Center has been explained to me as it relates to the needed services for my child. I understand that all records and information regarding services to my child will be protected by confidentiality regulations governing the release of such information by the center staff to other agencies in order to facilitate services for my child.

(Parent/Guardian Active Consent)_____
Date*If you need more information, contact:***Amberly Sewell, FRYSC JCS Coordinator****Jackson City School Family Resource & Youth Services Center**

940 Highland Ave

Jackson, Kentucky 41339

Phone: 606-666-5089**Email:** amber.sewell@jacksonind.kyschools.us