



Student Last Name, First Initial: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE PAGE**

Please read the supporting documents in the student handbook so you are familiar with the district's policies and procedures. A copy of this form will be provided for you at your child's school and on the school website. This signed form will be kept on file in the school office.

I, the undersigned parent/guardian of the named student, confirm that I have the parental/guardianship authority to execute this form. I acknowledge that I understand the following notices and provide my consent or I decline as indicated below:

***Discipline Code and Procedures***

I understand a copy of the Des Moines Independent Community School District's handbook will be provided to me by my student's school. I acknowledge that I will review this handbook as my child is expected to follow the district's Discipline Code and Procedures.

\_\_\_\_\_  
(Signature of parent/guardian)

***Network Acceptable Use Guidelines***

As the parent/guardian of this student, I confirm I am aware there is a DMPS Acceptable Use Guidelines to which my child is expected to adhere and I understand that access to the network is intended for educational purposes. I understand that DMPS has taken precautions to eliminate inappropriate material; however, I also recognize it is impossible for DMPS to restrict access to all inappropriate materials and I will not hold DMPS responsible for materials acquired on the network. Furthermore, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to DMPS to provide network access for my child and certify that the information contained on this form is correct. I understand that my student must also sign a network agreement consent form.

\_\_\_\_\_  
(Signature of parent)      Date \_\_\_\_\_

***Video and Media Consent***

I consent to allowing my child to be videotaped while at school and their photo taken by district employees to be used for district related purposes.

\_\_\_\_\_  
(Signature of parent/guardian)

I consent to allowing my child to be interviewed or photographed by media representatives (such as the Des Moines Register) who are not employees of the district for possible publication in the form of interviews, video, or photographs related to programs or events in which my child may be participating at school.

\_\_\_\_\_  
(Signature of parent/guardian)

***Military Opt-out***

Federal law requires school districts to release the names, addresses, and telephone listings of secondary school students to military recruiters upon their request unless the students or their parents request that the students' contact information not be released without prior written parental consent. As the parent or legal guardian of this student, I am exercising my "opt-out" right to direct that the school district shall not release the student's name, address, and telephone listing to military recruiters without my prior written consent.

\_\_\_\_\_  
(Parent/guardian signature)

Court Orders: Parent/guardian, please remember that if a parent or guardian has evidence of a court order which denies the non-custodial parent, or anyone else, from having access to school records, from visiting the student at school, or from removing the student from school, such evidence MUST be provided to the building administrator.

PLEASE SIGN ONLY IF YOU REFUSE

*Directory Information*

The Family Educational Right and Privacy Act requires that DMPS designate certain personally identifiable information taken from students' educational records as "directory information." Information designated as "directory information" may be made available to the public *unless* you as the parent/guardian or eligible student refuse the release of such information.

The Des Moines Independent Community School District has designated the following information as directory information: Student's name, address, telephone number, and e-mail address, parent's name, address and telephone number, date and place of student's birth, curriculum (major field of study), year in school, participation in recognized organizations, activities and sports, weight and height of members of athletic teams, degrees, awards and honors received, the most recent educational institution attended by the student, photographs of the student, date of attendance at the school district (general periods of time during which an individual attended or was enrolled in an educational agency or institution).

As parent/guardian of \_\_\_\_\_(student), I refuse the designation and release of any or all categories of personally identifiable information as directory information.

\_\_\_\_\_(Signature of parent/guardian only if refusing the designation and release of directory information)

This form can also be found on our website [www.dmschools.org](http://www.dmschools.org).



**Des Moines Public Schools  
Healthy Kids Act Contract Form**

In 2008, the Iowa Legislature enacted "The Healthy Kids Act," requiring that all students in grades 6-12 engage in physical activity for a minimum of 120 minutes per week in which there are at least five days of school. The law also requires that we monitor how students fulfill this requirement.

Please fill out the items below, sign (both student and parent/guardian), and return to the school by \_\_\_\_\_.

If you have any questions, contact Carlye Satterwhite, PE Curriculum Coordinator or your Building Administrator.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School Activities that the student will be involved in during the 2014-2015 School Year:

Activity	Semesters	Activity	Semesters	Activity	Semesters
Baseball		Marching Band		Trapshooting	
Basketball		Pom Squad		Volleyball	
Bowling		Show Choir		Wrestling	
Cheerleading		Soccer		Other:	
Cross Country		Softball			
Drill Team		Swimming			
Football		Tennis			
Golf		Track and Field			

Non-school activities (may include non-school sport teams, gymnastics, dance, individualized exercise program, etc.) that the student will be involved in during the 2014-15 school year, including description of the activities estimated time student participates per week: (E.g. I attend private dance lessons 2x/week for a total of 100 minutes, plus I walk two miles every day for another 150 minutes each week.)

Activity	Times Per Week	Hours Per Time	Total Per Week	Semesters

Signature of Student \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

Signature of Building Principal Debra S. Chapman Date Signed: \_\_\_\_\_

Carlye Satterwhite  
PE Curriculum Coordinator  
901 Walnut Street Des Moines, IA 50309

## Secondary (Cell Phone Texting) Permission Form

Purpose: The text messaging system will be used to notify parents, students, and staff about emergency and general information. Some of the emergency information may include school cancellations, snow days, delayed start, no heat, or other school-related emergencies. Some of the general information may include reminders about important school events, cancelled activities, school performances, or parent reminders.

This is **NOT** granting permission for students to send or receive social texts from friends or family during the school day.

**Choose the appropriate choice(s)** from the following options pertaining to texting and complete the form. No text messages will be sent until this permission form is signed and returned to the Main Office.

- I grant permission for **my child** to receive text messages from the district / school on their cell phone for the following types of messages:
  - General Notifications
  - Priority Messages
  
- I wish to have text messages from the district / school sent to my cell phone for the following types of messages:
  - Attendance
  - Behavior
  - General Notifications
  - Priority Messages
  
- **No text messages needed**

Student's Name (Please Print): \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

Parent/Guardian Cell # area code included : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*\*\*Des Moines Public School is not responsible for cost incurred due to text received or sent. Standard text messaging and/or data usage rates apply(depending on your carrier).\*\*\*

# Des Moines Public Schools

## HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female

Parent/Guardian Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States?

Yes  No

If yes, in which state? \_\_\_\_\_

If no, in what other country? \_\_\_\_\_

2. Has your child attended any school in the United States for any three years during their lifetime?

Yes  No

If yes, please provide school name(s), state, and dates attended:

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_

4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_

5. Is your child's first-learned or home language anything other than English?

Yes  No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk? \_\_\_\_\_

7. What language does your child most frequently speak at home? \_\_\_\_\_

8. What language do you most frequently speak to your child?

(Father) \_\_\_\_\_

(Mother) \_\_\_\_\_

9. Please describe the language understood by your child. (Check only one)

- A.  Understands only the home language and no English.  
B.  Understands mostly the home language and some English.  
C.  Understands the home language and English equally.  
D.  Understands mostly English and some of the home language.  
E.  Understands only English.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

**DES MOINES PUBLIC SCHOOL ANNUAL HEALTH REVIEW (MIDDLE SCHOOL/HIGH SCHOOL)  
SCHOOL YEAR: \_\_\_\_\_**

**CONTACT INFORMATION**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent Info: Mother: Name: \_\_\_\_\_ Home/cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Father: Name: \_\_\_\_\_ Home/cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Guardian: Name: \_\_\_\_\_ Home/cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Email: \_\_\_\_\_

**HEALTH REVIEW**

<u>Breathing Problems</u> ___ Asthma ___ Reactive Airway ___ Other Problems	<u>Heart Problems</u> ___ Heart Murmur ___ Heart Surgery ___ Other Problems	<u>Psych/Neuro Problems</u> ___ Frequent Headaches/ Migraines ___ Dizziness/Fainting ___ Seizure ___ ADHD/Autism ___ Anxiety/Depression ___ Other	<u>Eating Problems</u> ___ Ulcer ___ Frequent stomach aches ___ Bowel Problems	<u>Gland Problems</u> ___ Diabetes ___ Thyroid ___ Kidney	<u>Orthopedic Problems</u> ___ Broken bones ___ Orthopedic braces ___ Other Problems	<u>Chronic/Developmental Problems</u> ___ Cerebral Palsy ___ Downs Syndrome ___ Spina Bifida
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Please explain any items checked above: \_\_\_\_\_

Any **DR. ORDERED** special needs?: \_\_\_\_\_

**SIGNIFICANT** allergies: \_\_\_\_\_ Treatment: \_\_\_\_\_ Medications/Epi-Pen?: \_\_\_\_\_  
 (REQUIRES DR. ORDER)

List any illnesses, operations, or accidents your child has had in the past year: \_\_\_\_\_  
 List any emotional, social, or other conditions that might affect your child's performance: \_\_\_\_\_  
 List other health concerns you would like the nurse to know about: \_\_\_\_\_

Has your child lived outside of the United States during the past year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of country: \_\_\_\_\_

**MEDICATIONS**

Current medications taken at home: \_\_\_\_\_  
 Current medications taken at school: \_\_\_\_\_  
 (**MEDICATIONS TAKEN AT SCHOOL REQUIRE A DR. ORDER**)

**PARENT AUTHORIZATIONS: Please read carefully and give consent by signing each statement:**

**Over The Counter Medications:** I give permission to the school nurse to give my child an age-appropriate dose of Acetaminophen (Tylenol) or Ibuprofen (Advil) when needed - up to 5 doses per year without a doctor's order. Cough drops and lip balm will be allowed in class - Individual teachers may refuse the privilege if misused. \*\*\*\*\* PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I give permission to the school nurse to share educationally relevant health and emergency information (to included medical diagnosis) with school staff on a need-to-know basis. \*\*\*\*\* PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Doctor name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Hospital preference: \_\_\_\_\_