



Student Information 2014-2015

Student _____ Birth Date _____ Grade _____ M ___ F ___

Home Address _____

Student Email _____ Student Cell (if applicable) _____

School district of home address _____

Student resides with: Both parents _____ Mother _____ Father _____ Guardian _____

Mail should be sent to: Both parents _____ Mother _____ Father _____ Guardian _____

Parent's/Guardian's Name:	Parent's/Guardian's Name:
Circle one: Mother Father Guardian	Circle one: Mother Father Guardian
Home Street:	Home Street:
Home City:	Home City:
Home State & Zip:	Home State & Zip:
Home Phone:	Home Phone:
Home email:	Home email:
Cell Phone:	Cell Phone:
Occupation:	Occupation:
Business Name and Address:	Business Name and Address:
Work Phone:	Work Phone:
Work email:	Work email:

How can we best reach you with school news? Please indicate the phone number or email address that you prefer:

Mother or Guardian's Phone:	Father or Guardian's Phone:
Email:	Email:



Health & Emergency Contacts

Please list three people we may contact in case of emergency if parents cannot be reached (at minimum, one should be local):

Name:	Address:	Phone (h)	Phone (w/c)
Name:	Address:	Phone (h)	Phone (w/c)
Name:	Address:	Phone (h)	Phone (w/c)

Medical Information

Student's Physician:	Address:	Phone:
Student's Dentist:	Address:	Phone:
Health insurance company:	Policy no:	Phone:

Student's medical history

Current health concerns:

Allergies:

List all medications student takes:

Consent and Authorization Regarding Emergency Medical Treatment

If my child should sustain an injury or contract an acute illness while attending the Great Barrington Waldorf High School or while participating in a school-sponsored field trip, immediate medical attention may be necessary. In such an event, the school will make every effort to inform me of the circumstances and to obtain and follow my wishes and instructions. However, to eliminate the possibility of harmful delay arising from misunderstanding as to authority to treat the student, I hereby grant permission for school and emergency medical personnel to make necessary decisions regarding treatment.

In the event of a medical emergency in which I cannot be reached to consent to medical treatment for my child, or be present to sign authorization by the hospital or treating physician, I hereby authorize personnel or agents of the Great Barrington Waldorf High School to consent to emergency medical treatment for my child in my stead.

Signature (parent or guardian): _____ **Date:** _____



Dismissal Authorization

Student: (print name) _____

In case of early dismissal for weather-related or other reasons, my child should: **(choose only one)**

- Drive home *(for students who have their own license and car)*.
- Take the bus: Chatham (NY) _____, Taconic (NY) _____, Berkshire Hills (MA) _____, CT Bus _____
- Stay at school. Parent will be responsible for pick up.
- Walk home
- Go home with another student:
 - o Other student's name _____
 - o Other student's home phone _____ Other parent's work or cell _____

Note: The school does not call parents to notify them of school closing or early dismissal. In case of inclement weather, please call the school and listen to updated outgoing messages advising of an early dismissal. Also, please refer to radio or television news announcements for **Great Barrington Rudolf Steiner School** or **Berkshire Hills Regional School District** closings (Southern Regional Berkshire Schools decisions do not affect us).

Signature (parent or guardian): _____ **Date:** _____

Consent to Photograph

I hereby consent to (student's name) _____ being the subject of photographs of the Great Barrington Waldorf High School. I further consent to the reproduction or use of such photographs for the purposes of promoting the school.

Signature (parent or guardian): _____ **Date:** _____

Field Trip Permission

Student's name: _____ has my permission to participate in all Great Barrington Waldorf High School activities, including athletic practice and competition, off-campus art courses, and field trips.

Signature (parent or guardian): _____ **Date:** _____



Permission for Student Drivers and Passengers

Dear Parents,

Here is our policy on students as drivers and as passengers in other students' cars:

- No student may drive other students or ride as a passenger in another student's car during the school day or for an extracurricular event (a soccer game, e.g.) without written permission from parents or guardian.
- We ask students to drive or to ride as passengers as infrequently as possible. Our buses hold only 14 passengers each, however, and we do not always have sufficient staff to provide adult drivers for every occasion. If you are available to help with driving during the school day or for after school activities, please let us know.

Please renew any permissions you may have given last year in a letter to the school.

Sincerely,

Stephen Sagarin, Faculty Chair

1.) Permission to Drive Other Students

N/A

I give my permission for _____ to drive other students when necessary.

I **do not** give my permission for _____ to drive other students when necessary.

Parent Name (printed)

Signed

Date

2.) Permission to Ride as a Passenger with Other Students

I give my permission for _____ to ride with a student driver when necessary.

I **do not** give my permission for _____ to ride with a student driver when necessary.

Parent Name (printed)

Signed

Date



Internet Appropriate Use Policy Student Agreement

Name: _____

I accept responsibility to abide by Great Barrington Waldorf High School's Internet access policy and procedures as stated in this agreement. I understand that the use of the Internet and access to it is a privilege not a right, and I agree:

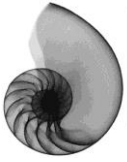
- to use the Internet for appropriate educational purposes and research;
- to use the Internet only with the permission of designated school staff;
- to be considerate of other users on the Internet and use appropriate language for school situations;
- not to intentionally degrade or disrupt Internet services or equipment. (This includes but is not limited to tampering with computer hardware or software, vandalizing data, invoking computer viruses, attempting to gain access to restricted or unauthorized network services, or violating copyright laws);
- to immediately report any security problems or breaches of these responsibilities to appropriate school system/school staff;
- to comply with all of the rules and expectations included in the Student Internet Appropriate Use policy, administrative procedure, and Internet etiquette; and
- not to divulge personal information such as addresses and telephone numbers over the Internet.

I understand that I have no right to privacy when I use the school Internet, and I consent to staff monitoring of my communications.

I also understand that any conduct that is in conflict with these responsibilities is inappropriate and may result in termination of Internet access and possible disciplinary action.

Student Name: *(please print)* _____

Student Signature: _____ Date: _____



Internet Appropriate Use Policy

Important Notice to Parents

Parent Agreement

Due to the nature of the Internet, it is neither practical nor possible for the Great Barrington Waldorf High School to enforce compliance with user rules at all times. Accordingly, parents and students must recognize that students will be required to make independent decisions and use good judgment in their use of the Internet. Therefore, parents must participate in the decision of whether or not to allow their children access to the Internet and must communicate their own expectations to their children regarding its use.

As a parent/guardian of (student's name) _____, I have read the Student Internet Appropriate Use policy and administrative procedure and this Notice to Parents.

- I understand that Internet access is designed for educational purposes and that the school will attempt to discourage access to objectionable material and communications that are intended to exploit, harass, or abuse students. However, I recognize it is impossible for the school to restrict access to all objectionable material, and I will not hold the school responsible for materials acquired or contacts made on the Internet.
- I understand that a variety of inappropriate and offensive materials are available over the Internet and that it may be possible for my child to access these materials if he/she chooses to behave irresponsibly. I also understand that it is possible for undesirable or ill-intended individuals to communicate with my child over the Internet, that there is no practical means for the school to prevent this from happening, and that my child must take responsibility to avoid such communications if they are initiated. While I authorize the staff to monitor any communications to or from my child on the Internet, I recognize that it is not possible for the school to monitor all such communications. I have determined that the benefits of my child having access to the Internet outweigh potential risks.
- I understand that any conduct by my child that is in conflict with these responsibilities is inappropriate, and such behavior may result in the termination of access and possible disciplinary action.
- I have reviewed these responsibilities with my child, and I hereby grant permission to the school to provide Internet access.
- I agree to compensate the school for any expenses or costs it incurs as a result of child's violation of the Internet policy or administrative procedure.

Parent/Guardian Name(s): *(please print)* _____

Parent/Guardian Signature(s): _____ Date: _____