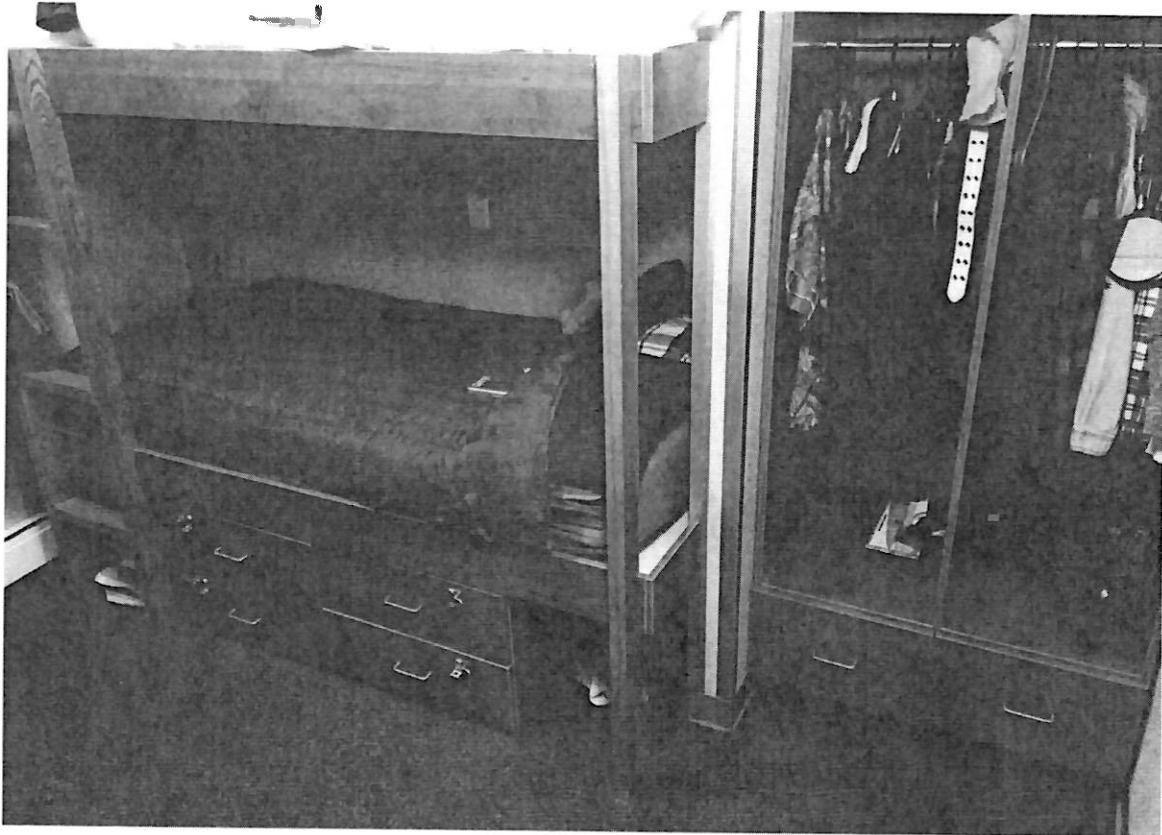


LKSD Residential Program Handbook

Revised April 2019



READY Programs at BRHS

(907) 543-3957 (BRHS school office)

(907) 543-2327 (BRHS School fax)

(907) 543-0964 (Kuskokwim Dorm)

(907) 543-0963 (Rasmusun Dorm)

Kuskokwim Learning Academy

(907) 543-5610 (KLA school office)

(907) 543-5603 (KLA School fax)

(907) 543-0973 (Yukon Dorm office)

(907) 543-0960 (Yukon Dorm lobby)

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A Typical School Day in the Life of an LKSD Residential Student

Students wake up, organize their rooms, and are transported by bus to BRHS breakfast at 7:30 AM. READY students spend the day at BRHS until dismissal at 4:00 PM. After breakfast, KLA students return by bus to the KLA/Yuut Elitnaurviat campus and attend classes from 8:50 AM until 4:00 PM. Dinner is served daily for all students at the Yuut Elitnaurviat cafeteria from 5:00 PM - 6:00 PM. Standard curfew is at 8:30 PM and a brief meeting is held to take attendance and give announcements, then students complete nightly chores. All students are expected to read or do homework from 9:30 PM - 10:00 PM. Finally, from 10:00 PM - 10:30 PM, students fix any chores that may not have been done well, take medicines as needed, take care of personal hygiene in the bathrooms, and safely store all cellphones in a locked area. "Lights Out" is at 10:30 PM.

Food Service

Breakfast, lunch, and dinner are served on school days; brunch and dinner are served on weekends. School breakfast for students is served in the BRHS cafeteria from 7:45 AM to 8:15 AM and school lunch is served on campus at both KLA and BRHS from 12:00 PM - 1 PM. All residential students eat dinner together at the Yuut Elitnaurviat cafeteria from 5:00 PM - 6:00 PM. Students are encouraged, but not forced, to eat. If a student cannot attend dinner due to school sports practice, an approved part time job, or any other approved school-sponsored activity they may request a "to-go plate" in advance from a dorm parent. To go plates are not available for unapproved activities and must be requested in advance.

When students arrive in the cafeteria for dinner, they will sanitize their hands prior to lining up at the utensils end of the food service area. They will serve themselves moderate portions that they know they can eat in order to prevent food waste. If they are still hungry, they may wait until others have gone through the line once and then they may get a new plate of "seconds." When students are finished eating, they will clean their sitting area, throw their trash in the garbage can, place their used plates, bowls, cups, and utensils inside the kitchen window, and thank the cooks for each meal. Students should not request coffee or go into the kitchen without dorm staff or Yuut staff permission. (NOTE:

It's okay for students to fill up their water bottles at the water/ice station or take food that has already been pre-packaged/labeled by Yuut staff for student consumption.)

Snacks

A small snack will be provided to each student every evening however snacks will not suffice for a meal and all students are encouraged to eat healthy portions during breakfast, lunch, and dinner.

Students may buy their own food at local stores or bring food from home. Food stored in community refrigerators and/or freezers must be labeled with the student's name and date. Unlabeled or expired food will be discarded.

Sign Out/In

Each dorm has a morning sign out sheet where students will write the time they leave the dorms and initial next to it. On school days, all students must sign out directly to breakfast and then report directly to school. **Students may not be in the dorms for any reason at anytime during the school day without a legitimate medical reason and permission from school staff.** KLA is a closed campus therefore BRHS students are not permitted in the KLA lobby or classrooms during school hours, and KLA students are not permitted to leave the KLA school campus during the school day. After school, if students are not staying for a homework session, sport practice, or other approved activity, they will first return to their dorm to check in prior to signing out if they plan to be off-campus (away from the dorms). **Students may visit the YK Fitness Center after school and on weekends but not during the school day unless for a scheduled school activity.**

Contraband

Fire ignition sources such as lighters, matches, torches, candles, incense, pic coils, buhach, fireworks, electric burners, hand sanitizers containing alcohol, and explosive chemicals, are not permitted in the dorms. Similarly, weapons of any kind - such as firearms, BB guns, knives, swords, explosives, and anything that is obviously harmful or life threatening - will not be allowed in the dorms. Any student found with weapons will be immediately

dismissed from the program. If you are unsure about the safety of something to be brought into the dorms, please ask a staff member.

Likewise, alcohol, tobacco, marijuana products, and all other illegal drugs are strictly prohibited by LKSD School Board and Yuut Elitnaurviat policy. Possession of these prohibited substances may result in program dismissal and a referral to law enforcement.

Electronic Entertainment

Dorm residents are permitted to view media with a rating of G, PG, or PG-13. Video games with a rating of E and E-10 are permitted; games with ratings of T and M are not permitted. The Internet at the dorm is LKSD Internet. Even if you have your own computer, you must still abide by the LKSD Acceptable Computer Use policy and the LKSD Social Networking policy. *Students may earn the privilege to have a television in their dorm room by successfully participating in a levels system, but television and games in dorm rooms are contingent upon successful academic progress and good citizenship.*

Room Key Cards

Each student will be assigned a room and one or two roommates. Each student will be issued a keycard that opens their front dorm door and their assigned bedroom door. Students are responsible for keeping their doors locked at all times.

If a student loses or damages their key card, they must notify dorm staff immediately so that key card can be deactivated for safety purposes. If students lose their key card and need another made, they are required to pay a \$5 replacement fee.

Room Policy

Students will not enter other students' rooms, but are encouraged to spend time socializing in common areas. Males may not be in a female hallway and females may not be in a male hallway under any circumstances. Breaking this rule may result in dismissal from the residential program.

Other Dorm Details:

- Doors do not automatically close behind you, so be sure to shut doors after you use them. Please do not hang on the door knobs as it will cause damage.
- Turn lights off anytime you are the last one to leave a room.
- Bedroom doors should remain locked at all times except when in use and during study hall times.
- Take off your shoes in the entryway and either place them in the cubbies or take them to your room. Do NOT leave shoes on the floor in walkways.
- Windows may be opened up to 2 inches when you are in the room, but CANNOT be left open when no one is in the room. All windows MUST be closed after lights out.
- Never run in the building. Walk.
- Clean up after yourself. (Take your personal items to your room rather than leaving them in shared spaces. Put dirty dishes in the dishwashers or dish bins.
- Let a dorm staff member know if anything breaks or is not working correctly in the dorm.

Cleaning

Students will be expected to maintain clean rooms. A list of expectations will be posted in each room and daily room checks will be made. Before signing out for the evening, students will check the paper daily to see if they passed or failed their room inspection. If their room does not meet expectations that day, they will lose dorm privileges for the remainder of the day. Additionally, students will be responsible for any damage to the room and furniture.

Students will also be assigned chores to help keep the shared areas clean and safe. These chores are done on a daily basis after curfew and before lights out. Everybody is required to do his or her assigned chores. If chores are not completed to an acceptable standard,

the student who did not adequately complete the chore will lose dorm privileges until the chore is corrected and a dorm parent has signed off on the chore checklist.

Having clean laundry is also an important part of good hygiene. The dorm program provides laundry detergent for students, but they should provide their own dryer sheets. Students have washers and dryers reserved for them at an assigned time each week. Should they miss their scheduled laundry time, Friday - Sunday use of machines is on a first-come, first-served basis.

Bedding is also provided along with the expectation that students will launder them weekly and return them at the end of their time in the dorms. Towels are more of a personal item, so they should be brought from home. Bedding and towels must be washed weekly and confirmed by a staff member.

After School Homework Session

Homework session attendance is mandatory when a student's grade(s) fall into the 'C' or lower range. It will begin immediately after school and last for one hour on Monday - Thursday afternoons. Students should arrive at homework session on time, prepared, and ready to work. If they don't have homework, they are expected to select a library book or other reading material to read. If a student will be late or absent (E.g. When participating in sports, JROTC, or an academic program that occurs after school), they will contact the staff member in charge in advance.

Evening Study Time Sustained Silent Reading for ALL Students

All students living in LKSD Dorms will have a 20 - 30 minute long required period of sustained silent reading each Monday - Thursday before lights out. Students will be prepared with their homework or a book to read and will work quietly in their bedrooms with the doors propped open and their computers facing the door. Dorm staff will make rounds to check on students and their progress.

Activities

Students will be encouraged to participate in a variety of activities in the evenings and on weekends. Dorm parents will lead activities nightly and other opportunities often arise

such as a Yuraq group and a drumming circle. There is an outdoor basketball court in front of the dorms, so students can check out a basketball and play, weather permitting. When possible, open gym time at a local school is offered. There are TV rooms that each have cable TV and DVD players.

Near the dorms, there is a storage shed containing bikes and other equipment (*e.g. basketballs, bikes, baseballs/bats, berry pickers, etc.*). All equipment must be properly checked out when borrowed and checked back in when returned. The shed must stay organized at all times. Bikes should not be left around ramps or stairs, but should be locked to a railing if you plan to use it again before placing it back in the shed. Helmets are required at all times when using a bike. Finally, if any equipment breaks, let the dorm staff know immediately.

We are fortunate enough to have our dorms located right across the street from the YK Fitness Center, and our residential students are able to use those facilities free of charge. After the initial set up with a dorm staff member verifying the student identity, students ages 16 and older may check in at the front desk and then use the pool, hot tub, and weight room outside of school hours only. LKSD residential students have a wonderful track record of being respectful of the facility and all their rules. We are proud of their good reputation and look forward to future residential students continuing this tradition. Curfew

Students earn several hours of free time each weeknight, so they are expected to make wise choices and to manage their time effectively. Anytime a student leaves the dorm, he or she must sign out with the details of where they are going, and they must sign in when they return. Entries must be neat and legible.

Standard curfew on school nights is 8:30 PM and on non-school nights is at 10:00 PM. Curfew means that the students are inside a dorm. If something unforeseen occurs, and a student will be late for curfew, they need to contact their dorm parent immediately to let him/her know the circumstances. Students may earn a later curfew (Extra 30 minutes) by demonstrating responsible behavior.

Any exception to the curfew policy must be approved by dorm staff at least 30 minutes prior to curfew. A student attending church, working an approved part time job, or

volunteering for community service may have an extra 30 minutes to stay out. When students return, they must sign back in, and check in with the dorm staff on duty.

If a student doesn't return by 11:00 PM, dorm staff will call guardians and/or the police.

"Sneaking out" of the assigned dorm will result in serious consequences including possible immediate dismissal from the program.

Cell Phones

Because school success is the top priority and a good night's sleep is essential to both physical and emotional health, all students will turn in their phones each night. Building phones are also available for students to use and for parents to call to get messages to their children.

Yukon dorm lounge	543-0960	BRHS School	543-3957
Yukon dorm office	543-0973	Rasmuson Dorm	543-0963
Yukon dorm cell phone	545-1367	KLA school number	543-5610

Weekend Passes

Dorm students may wish to travel home or stay with relatives in Bethel who are on their parent-approved "Permission to Visit" form for the weekend. As long as they have not earned dorm privilege restrictions and there isn't a required program (e.g. Take Wing program, testing, Saturday School, etc.) students may request a weekend pass. Requests must be submitted in writing no later than 9:00 PM each Tuesday. Late requests may be denied. Students should plan ahead and make arrangements with their "weekend host" prior to filling out a weekend pass. Students who are overnighing in Bethel must sign out and depart the dorms PRIOR to curfew.

The dorm staff reserves the right to deny a pass to any student at any time, in order to act in the best interest of the student's welfare.

If traveling out of town on a weekend pass, departing flights should be booked for Friday evening and returning flights for Sunday morning or afternoon; airfare and airport transportation costs for personal travel is a student/family responsibility. Dorm staff cannot guarantee airport drop off and/or pickup for non-school related student travel.

While on a weekend pass, students may not return to the dorm to take showers, do laundry, eat meals, etc because dorm parents are not responsible for students on weekend passes; however, if students are exposed to drinking, drugs, violence or other unsafe actions, they may contact the dorm parent and return to the dorm for their own safety. Once a student has returned to their dorm while on a weekend pass, their pass is over and they may not depart overnight for the remainder of the weekend.

Overnight Sign Out

Students may not sign out overnight on school nights except when they are with a parent AND have the pre-approval of a dorm staff member.

Vehicles

While in Bethel, driving or riding high-speed vehicles is only allowed with written parent permission (NOTE: A seat belt is required for a "closed" vehicle such as a truck or car and a helmet is required for an "open" vehicle such as snowmachine or 4-wheeler). Students wishing to park motorized vehicles at the dorm have to be 18 years or older and be able to provide proof of insurance. Under no circumstances may dorm students take other dorm students as passengers, unless each student has their parent's permission or each student is 18 years or older and everyone is wearing seat belts and /or helmets. Dorm students should not accept rides from anyone without written parent permission unless it is a staff member using an LKSD vehicle.

Public Displays of Affection (PDA)

While living in the dorms, friendships are strongly encouraged, whereas romantic relationships are not strongly encouraged. Being overly affectionate can be offensive to others who are around and therefore is generally in poor taste. Respect towards ALL students is essential, especially in group living situations. PDA includes any physical

contact that may make others in close proximity uncomfortable or serves as a distraction for themselves. Some specific examples of PDA include but are not limited to: hugs longer than three seconds, holding hands, cuddling, kissing, and giving hickeyes.

Room Searches

LKSD reserves the right to search all dorm property including student dorm rooms in order to ensure that residents remain safe and comply with LKSD's Tobacco, Alcohol, and Drug Policy.

Disciplinary Action: How Do Students Gain and Lose Privileges ?

Students who do not follow the rules and regulations outlined in this Residential Student Handbook will lose dorm privileges; this is called a demerit.

WHY DO STUDENTS LOSE DORM PRIVILEGES?

Demerits are consequences and corrective actions which result when students break the rules. Some demerits are less severe than others, depending on a number of factors including, but not limited to, the severity of and the amount of rule violations. Demerits are intended to provide students an opportunity for self-reflection and to plan self-improvements.

A student may temporarily earn a demerit for a variety of reasons, including, but not limited to: curfew and/or lights out violations, unsuccessful daily room cleaning inspections and/or chores, insubordination, disrespecting peers, forgetting to sign in or sign out, violating dorm rules & procedures, unacceptable attendance/grades, and neglecting to comply with individualized improvement plans or contracts.

When infractions of dorm procedures occur, both the staff member who witnessed the event and the student in question will write a description of the event. The student will also reflect on their actions and, in conjunction with dorm staff, make a plan of improvement for themselves. Multiple, repeated, or severe rule infractions will result in a required dorm behavior improvement plan which will need to be signed by the student, a guardian a dorm parent, and an administrator.

**Students are NOT restricted from sports practice. They are committed to the team and therefore, should still attend practice.*

WHAT HAPPENS WHEN A STUDENT EARNS A DORM RESTRICTION?

Students who have earned a demerit are expected to remain on campus for the rest of the evening beginning at 6:00 PM (after dinner).

There are times when a demerit is more severe and a student may be restricted to the dorms and have to turn in their electronics. When that happens, the student attends homework session, dinner and then, upon returning to the dorm at 6 PM, the student will turn in his or her electronics (phones, computers, iPods, etc..) and remain in the dorm for the rest of the evening.

In rare situations, a student may be restricted to their dorm room with or without electronics. The above routine applies, but after dinner, the student stays in his or her individual room until the dorm meeting at curfew. After the meeting he or she may get a quick snack or drink before returning to his or her room.

Students who have earned a demerit will not be able to travel home on the weekend (unless there is a family emergency) and will not be able to sleep out in Bethel on the weekend. However, students who have earned a demerit will be allowed to check out during the daytime on the weekend, but must return for their 6:00 PM curfew.

MEDICAL/DENTAL CONCERNS

Medications

Students are not to have medicines in rooms. Any and all medications must be turned in to the dorm staff. They will keep all medicines locked up and secure until the appropriate time to administer them.

- Prescription medications must be in the original container labeled with the student's name, Rx #, and directions of how/when to administer the medicines. *Staff must watch the student take their medicines and then sign the medicine tracking sheet each time medicine is given.*
- Any over-the-counter medication (vitamins, cold meds, cough drops, etc.) that an individual student wants to take must be given to the dorm staff BEFORE it is opened. *The staff will write in permanent marker on the bottle: the student's name, the date the bottle was opened, and the name of the staff member that opened it.*
- Ibuprofen, Tylenol, Tums, Benadryl & other over-the-counter type medicines are kept on hand at the dorm in case of minor pain. *These medicines can only be given to the student if the parent/guardian has given their written permission or if the student is 18 years of age or older.*

Sick Students

If a student is sick in the morning, they need to let the dorm staff on duty know, in person, by 7:30 AM. Dorm staff will check the student's symptoms prior to deciding whether or not to send them to school. (Students themselves cannot stay in bed and simply call in sick.) If the student is too sick to attend school, dorm staff will let the school office know.

Students who stay home sick will turn in all of their electronics to the dorm office, so they can get adequate rest. They will remain in the "sick room" for the rest of the day, except to go to a doctor's appointment, use the restroom, get medication, and get food which will be brought to the dorm for them by the residential secretary or dorm parent. (Rasmuson and Kuskokwim dormitory residents will go to the sick room in the Yukon Dorm during the school day for supervision and care.)

Appointments

The residential secretary can set up appointments for all dorm students. Students ages 17 and younger must have parent/guardian permission prior to being seen at medical/dental appointments and must have an adult present with them at all times during their appointments, therefore, they are NOT encouraged to set up their own appointments.

Students over 18 may ask the residential secretary to set up medical appointments or they may set up their own appointments by calling YKHC (543-6442) at 7:30 am. If the student

will be missing part of the school day, he/she must let the dorm secretary know the time and date of their appointment(s) at least 48 hours in advance so transportation arrangements can be made.

There are times, while students are being seen by a medical provider, that they get follow-up appointments scheduled, so they must let dorm staff know about that date and time as soon as possible. Similarly, if a parent has scheduled an appointment for their child, they should relay that information to the residential secretary as soon as possible so that details of transportation, adult supervision, and medication procedures can be arranged. Unless there is a life threatening emergency, appointments will need to be rescheduled if dorm staff are not notified at least 48 hours in advance.

Finally, when students have cases of an extremely private nature, the school social worker can be the first adult to be contacted. He or she will help the student decide the best way to proceed.

Emergency Room Visits

If a student is 17 years of age or younger, verbal parent permission will be acquired prior to taking the student and a dorm staff member will accompany the student. If no dorm staff person is free because dorms cannot be left unsupervised the dorm parent will call 911 and request an ambulance. Students ages 18 and older may go to the ER on their own or transportation may be arranged by dorm staff if available. As soon as the student returns to the dorms, he/she must give the discharge papers and all medicines to dorm staff.

In the case of a dire medical emergency, attempts to contact the parent/legal guardian will be made but will not hinder care deemed necessary for the student.

SAFETY

Dorm Visitors

Only LKSD students and staff are permitted beyond the dorm entry areas but pre-arranged visits from family members may be approved by a dorm parent on a case by case basis. These include parents, siblings, biological children, grandparents, and other guests who are over 18 and have been approved by the students' parents on the "Permission to Visit" form. Visitors will be expected to follow all the dorm rules, must remain in a downstairs common area (living room dining room and kitchen) supervised by dorm staff, and must leave no later than curfew. Visitors are not permitted upstairs. If a student wants to add someone to their permission to visit list, they will ask one of their parents to contact a dorm staff member and provide the person's name, relationship to the student, and their phone number.

Fire Drills

A fire drill will be held monthly. When the alarm sounds, all students will quickly walk, not run, to the nearest building exit and proceed to the designated meeting area (Yuut Elitnaurviat Outdoor Basketball Court). Everyone will be quiet during roll call. Once the "all clear" is given, students may return to their previous activities.

Threats of Harm to Self or Others or Self Harming Behavior

LKSD's Residential Program is an educational facility. It is not a behavioral health treatment facility. Students who express thoughts of harming themselves or others while in residence will be referred immediately to law enforcement, emergency behavioral health services, and to the BRHS or KLA school social workers. Threats of harm to self and others will result in temporary or permanent removal from the dorm program; prior to program re-entry following an instance or threat of self-harm, a student must first participate in a re-entry meeting where conditions for safe participation will

be outlined in a re-entry plan. If a student does not meet the expectations of the re-entry plan, they will be dismissed for the remainder of the semester or school year.

Q & A (Questions & Answers)

Can I bring my guitar? Can I bring my game system and games? Yes, but you are responsible for the upkeep and safe-keeping of all your personal items.

Should I bring my own bedding and towels? You SHOULD bring your own towels. Many students prefer to have their own bedding, but the dorm staff issues a fitted sheet, flat sheet, pillowcase, and blanket to each dorm student.

What about swimsuits? You SHOULD bring your own swimsuit or trunks. Dorm students enjoy free admission to the YK Fitness Center, and students often go in groups to enjoy swim time, working out, and the hot tub.

Can I bring or buy my own snacks? Students can walk to the stores in Bethel and purchase their own snacks to keep in their rooms. Native foods can also be brought from home, but refrigerator and freezer space is limited, so please consider that when deciding on amounts of food to send.

What if I have night class, sports practice, or a job during dinner? If you have approved evening activities, let your dorm parent know so they can arrange for food to be taken to the dorms and placed in the refrigerator for you to reheat and eat when ready.

Can I order food to be delivered to the dorms? Yes, you may, but you must order by 9:00 p.m. to allow for delivery time and eating time. At 10:00 p.m., eating and drinking stops to allow time to clean up and get ready for lights out by 10:30 p.m. (On weekends, this is 10:00 p.m. to stop ordering and 11:00 p.m. clean up time.)

What about cutting & dyeing hair? Students should be mature enough to make good judgement calls about the style of their own hair, but due to the possibility of stains, no hair dye should be brought into the dorms.

How about piercings? No permanent alteration of the body should occur in the dorms.

Mail Delivery:

Our programs do not receive mail through Yuut. All student mail should be addressed as follows:

Student Name

% LKSD Residential Programs

PO Box 3087

Bethel, AK 99559

Yuut Main (TESS) Building Behavior Expectations

Yuut and KLA both have classes on the same campus as the dorms and cafeteria and we must demonstrate courtesy towards others by not disrupting Yuut staff or KLA classes. Students should not yell, run, or “hang out” in the downstairs commons area nor should they go upstairs without permission and a specific purpose.

Residential students will pick up litter when they see it on the ground outside or on the floors inside buildings. They will refrain from swinging on ropes at parking lots.

I agree to abide by the rules and regulations of the LKSD Residential Student Handbook and to accept reasonable consequences should I fail to do so.

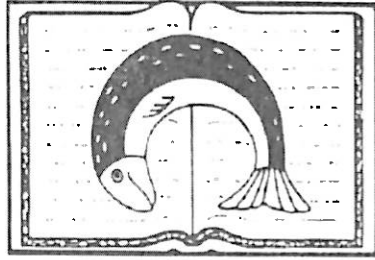
Student Name

Student Signature

Date

Parent/Guardian Signature

Date



Lower Kuskokwim School District

Residential Programs P.O. Box 3087 Bethel, AK 99559

Permission to Visit Relatives

I, _____ give permission for _____
Parent/legal guardian's name (printed) *student name (printed)*

to check out of the dormitory after school, for an evening or on a weekend pass – provided they are eligible – to visit relatives named on this document while in Bethel for an LKSD HS Residential program. The people listed on this permission form are over 18 years of age and will be legally responsible for the student while in their care.

Please list relatives who will be allowed to check your student in and out of the HS Residential program for visits:

Relative's Name	Relationship to student	Contact phone number

Parent/legal guardian name (printed)

Date

Parent/legal guardian signature



YUKON-KUSKOKWIM HEALTH CORPORATION

Bethel Regional High Health Center PARENT/GUARDIAN CONSENT AND INSURANCE INFORMATION SHEET

Student's Name _____ DOB _____
 Address _____ City, State Zip _____
 Insurance Information (check all that apply): Medicaid Other Insurance IHS Beneficiary
 Insurance name _____ Policy Holder _____
 Policy number or ID number _____ Group Number _____
 Parent's Employer _____ Effective date _____

ASSIGNMENT OF INSURANCE BENEFIT: *I assign the Yukon-Kuskokwim Health Corporation, all benefits due and payable to me under insurance policies by virtue of my treatment. I authorize insurance company to deduct payments from its obligations to me for benefits provided under my policy. I certify the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I understand that I remain financially responsible to YKHC for charges not met by the proceeds of this assignment, if I am not IHS eligible. I agree to pay all charges for all services rendered to me during my treatment at YKHC that are not paid in full by any third party payers.*

AUTHORIZATION TO RELEASE INFORMATION FOR BILLING PURPOSES: *I authorize Yukon-Kuskokwim Health Corporation to disclose medical information i.e. diagnosis, discharge summary, doctors' orders, progress notes and other related documents to the extent required to assure payment to any agency who is liable. This would include the diagnosis, or treatment received during the course of this treatment.*

PRIVACY ACT: *I understand that the information given by me and or collected and stored in my health record or any portion of my health record may be shared with other service providers within YKHC and as necessary to ensure the highest quality of services available for my health and wellbeing. Furthermore, I have been informed that my health record or any portion of my health record shall not be disclosed to another agency or person without my signed consent, unless the disclosure is permitted by federal state laws and regulations. (Notice of privacy practices is available upon request or you can download a copy at YKHC.org)*

This form makes it possible for your child to receive health services through the Bethel Regional High Health Center until they are 18 years old. All direct care is provided by a YKHC or Bethel Public Health Center provider. We are providing these services to improve access to care for teens in the community.

This consent form provides you with two options:

I acknowledge that I have read this agreement and understand its purpose and contents.

I. I PROVIDE MY CONSENT.

I am the parent or legal guardian of the minor individual whose name is stated above. I hereby give my consent to the Bethel Regional High Health Center to provide health and counseling services to my child throughout the school year.

Signature _____ Relationship _____
 Printed name: _____ Date _____

I acknowledge that I have read this agreement and understand its purpose and contents.

II. I WITHHOLD MY CONSENT. **

I am the parent or legal guardian of the minor individual whose name is stated above. I do not give my consent to the Bethel Regional High Health Center to provide health and counseling services to my child.

Signature _____ Relationship _____
 Printed name: _____ Date _____

Note: *You may submit a new form if you decide at a later date to provide consent.*

If you provided your consent please provide the following information:

Name of Child's regular physician: _____
 Past or present chronic illness if any: _____
 Allergies or reactions to medications if any: _____

**** Alaska law AS 09.65.100(4) states that a minor may give consent for diagnosis, prevention or treatment of pregnancy, and treatment of venereal disease. No parental consent is required for these services.**



**YUKON-KUSKOKWIM
HEALTH CORPORATION**

**Patient Authorization For Health Care Services
For Unaccompanied Minor**

I, _____, being the parent or legal patient representative
of _____, DOB: _____

grant authorization to the Yukon-Kuskokwim Delta Regional Hospital (YKDRH) to provide non-emergent medical
treatment as marked below to my child this day _____.

who is accompanied by _____.

Permitted treatment:

<input type="checkbox"/> Medical	<input type="checkbox"/> Optometry (Eye)	<input type="checkbox"/> Dental
<input type="checkbox"/> Permission granted via telephone conversation		
<input type="checkbox"/> Parent/legal patient representative educated about Temp POA for Minors		
<input type="checkbox"/> Copy of Temp POA for Minors mailed to parent/legal patient representative.		

Signature of YKDRH staff receiving verbal consent Date

Print Name

PATIENT INFORMATION

A-#:	
DOB: ___ / ___ / ___	
Name: _____	
Residence: _____	Facility: _____
Date of Service: _____	

LKSD Information Card and Medical Information

Student Name _____

Address _____

Phone _____ DOB _____ Male/Female _____

Mother/Guardian Name		Cell #: Home #: Work #:
Father/Guardian Name		Cell #: Home #: Work #:

List Known Health Conditions/Allergies:

Please indicate your permission for LKSD staff to administer current medications:

List Current Medications/Dosages	Yes No
	Yes No
	Yes No

Please indicate your permission for LKSD staff to administer the following medications if your child is showing symptoms appropriate for these medications:

Pain Relievers:		Cold Medicine:		Other:	
Acetaminophen	Yes No	Cough Drops	Yes No	Midol	Yes No
Ibuprofen	Yes No	Nasal Decongestant	Yes No	Pepto Bismal	Yes No
Aspirin	Yes No	Sore Throat Spray	Yes No	Anti-acid/tums	Yes No
Allergy:		Cold Medication	Yes No	Laxative	Yes No
Benadryl	Yes No			Anti-diarrhea	Yes No
Claritin	Yes No				Yes No

My child currently uses tobacco/tobacco products. Yes No

Dietary, religious information, past or current physical/psychological conditions that might affect my child's participation in the program: _____

Parent Signature: _____

Date: _____

Please provide Health provider and emergency contact information:

Health Care Provider:

Name _____ Phone _____

Address _____ Physical Exam Date _____
(Most Recent)

Health Insurance Coverage

Company _____ Phone _____

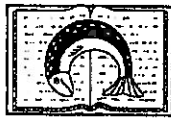
Address _____ Group # _____

Two Emergency Contacts (different from those listed above/on first page)

Contact #1: _____ Contact #2: _____

Relationship: _____ Relationship: _____

Phone #: _____ Phone #: _____



Lower
Kuskokwim
School
District

**LOWER KUSKOKWIM SCHOOL DISTRICT
HEALTH SERVICES**

REQUEST FOR ADMINISTRATION OF PRESCRIBED MEDICATION

School personnel may agree to honor parent requests for the administration of medication to students. **Medication sent to school without a pharmacy or manufacturer's label will not be given.** Medication must be in the original container indicating the following information: student name, dosage, physician, pharmacy, date issued, and prescription number. *This form or a written statement signed and dated by the physician supporting this request is required for all medication.*

PARENT STATEMENT

School: _____

I hereby request that _____ medication be given to my child, _____. I understand that the school is not legally obligated to administer medication to my child and, in the absence of the school nurse, other school personnel may administer medication. I agree to defend and hold the school district employees harmless from any liability for the results of the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. **I will notify the school immediately, if the medication is changed. I understand that this medication will be destroyed unless picked up by the end of the last student school day of this year.**

Signature of Parent/Guardian _____ Date _____

Home Phone _____ Work/Emergency Phone _____

Name any other medications your child is taking _____

PHYSICIAN STATEMENT: This medication is required during school hours to improve or maintain the health of this student. The school personnel may contact me regarding this medication.

_____ must receive medication during school hours for the following:

Condition _____

Medication _____

Prescribed daily dosage _____

Time and dosage to be given in school _____

Beginning date of medication _____ Ending date _____

Possible side effects _____

Physician's Signature _____ Date _____

Print Name _____ Phone _____

Address _____

STUDENT ASTHMA ACTION CARD

Name: _____ D.O.B. _____ Teacher _____
 School Nurse: _____ Phone Number: _____
 Health Care Provider Treating Student for Asthma: _____ Ph: _____
 Preferred Hospital: _____
 My Personal Best Peak Flow Reading: _____ (If Applicable)

ID Photo

Green Zone: All Clear

- Breathing is easy. No asthma symptoms with activity or rest
- Peak Flow Range: _____ to _____ (80 to 100% of personal best) *if applicable.*
- Pre-medicate if needed 10 to 20 minutes before sports, exercise or other strenuous activity.
- Pre-exercise medications listed in #1 below.

Yellow Zone: Caution

- Cough or wheeze. Chest is tight. Short of breath.
- Peak Flow Range: _____ to _____ (50 to 80% of personal best) *if applicable.*
- Medicate with quick reliever. Give medications as listed below.
- May re-check peak flow in 15 to 20 minutes.
- Student should respond to treatment in 15-20 minutes and return to green zone, if not contact parent.

Red Zone: Emergency Plan

- Call EMS if student has any of the following:
 - ✓ Coughs constantly
 - ✓ No improvement 15-20 minutes after initial treatment with medication
 - ✓ Hard time breathing with some or all of these symptoms of respiratory distress:
 - Chest and neck pulled in with breathing
 - Stooped body posture
 - Struggling or gasping
 - ✓ Trouble with walking or talking due to shortness of breath
 - ✓ Lips or fingernails are grey or blue
 - ✓ Peak flow below: _____ (50% of personal best) *if applicable.*
- Medicate with quick reliever. Give medications as listed below.
- Re-check peak flow in 15 to 20 minutes.
- Student should respond to treatment in 15-20 minutes.
- Contact parent/guardian.

Emergency Asthma Medications to be completed by Health Care Provider

Name	Amount
1. _____	_____
2. _____	_____

Health Care Provider AUTHORIZATION:

- This child has received instruction in the proper use of his/her asthma medications.
- It is my professional opinion that this student *should/should not* (Circle one) be allowed to carry, store and use his/her asthma medications by him/herself.

Health Care Provider Signature: _____ Date: _____

Side 2 to be filled out by Parent/Guardian, Student, and School

Side 2: To Be Completed by Parent/Guardian and Student

STUDENT ASTHMA ACTION CARD (continued) Student Name: _____ D.O. B. _____

DAILY ASTHMA MANAGEMENT PLAN

• Identify the things which start an asthma episode (If known, check each that applies to the student. These should be excluded in the student's environment as much as possible.)

- Exercise, Strong odors or fumes, Respiratory infections, Change in temperature, Chalk dust/dust, Carpets in the room, Animals, Pollens (Spring/Summer/Fall), Food, Molds, Latex, Other

• List all asthma medications taken each day.

Table with 3 columns: Name, Amount, When to Use. Rows 1, 2, 3.

COMMENTS / SPECIAL INSTRUCTIONS

AUTHORIZATIONS

Parent/Guardian:

- I want this plan to be implemented for my child in school. I authorize my child to carry and self-administer asthma medications and I agree to release the school district and school personnel from all claims of liability if my child suffers any adverse reactions from self-administration and/or storage of asthma medications. It is recommended that backup medication be stored with the school/ school nurse in case a student forgets or loses inhaler or inhaler is empty.

Your signature gives permission for the nurse to contact and receive additional information from your health care provider regarding the asthma condition and the prescribed medication.

Parent/Guardian Signature: _____ Date: _____

Student Agreement:

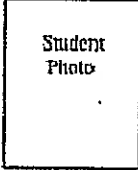
- I understand the signs and symptoms of asthma and when I need to use my asthma medication. I agree to carry my medication with me at all times. I will not share my or use my asthma medications for any other use than what it is prescribed for.

Student Signature: _____ Date: _____

Approved by School Nurse/School Principal Back-up medication is stored at school Yes No

School Nurse/Principal Signature: _____ Date: _____

ALLERGY/ANAPHYLAXIS ACTION PLAN



Student Name _____ D.O.B. _____ Teacher _____
 School Nurse _____ Phone Number _____
 Health Care Provider _____ Preferred Hospital _____
 History of Asthma No Yes-Higher risk for severe reaction

ALLERGY: (check appropriate) To be completed by Health Care Provider

- Foods (list): _____
- Medications (list): _____
- Latex: Circle: Type I (anaphylaxis) Type IV (contact dermatitis)
- Stinging Insects (list): _____

RECOGNITION AND TREATMENT

Chart to be completed by Health Care Provider ONLY:		Give CHECKED Medication	
If food ingested or contact w/ allergen occurs:		EpiPen	Antihistamine
No symptoms noted	Observe for other symptoms		
Mouth	itching, tingling, or swelling of lips, tongue, mouth		
Skin	Hives, itchy rash, swelling of the face or extremities		
Gut+	Nausea, abdominal cramps, vomiting, diarrhea		
Throat+	Tightening of throat, hoarseness, hacking cough		
Lung+	Shortness of breath, repetitive coughing, wheezing		
Heart+	Thready pulse, low BP, fainting, pale, blueness		
Neuro+	Disorientation, dizziness, loss of conscience		
If reaction is progressing (several of the above areas affected), GIVE:			
<i>The severity of symptoms can quickly change. +Potentially life-threatening.</i>			

DOSAGE:

Epinephrine: Inject into outer thigh EpiPen 0.3 mg OR EpiPen Jr. 0.15 mg (see reverse for instructions)

Antihistamine: Benadryl _____ mg To be given by mouth *only if able to swallow.*

Other: _____

- This child has received instruction in the proper use of the EpiPen. It is my professional opinion that this student **SHOULD** be allowed to carry and use the EpiPen independently. The child knows when to request antihistamine and has been advised to inform a responsible adult if the EpiPen is self-administered.
- It is my professional opinion that this student **SHOULD NOT** carry the EpiPen.

Health Care Provider Signature _____ Phone: _____ Date _____

EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call parents/guardian to notify of reaction, treatment and student's health status.
3. Treat for shock. Prepare to do CPR.
4. Accompany student to ER if no parent/guardian are available.

PREVENTION: Avoidance of allergen is crucial to prevent anaphylaxis. Critical components to prevent life threatening reactions: Indicate(s) activity completed by school staff

Encourage the use of Medic-alert bracelets
Notify nurse, teacher(s), front office and kitchen staff of known allergies
Use non-latex gloves and eliminate powdered latex gloves in schools
Ask parents to provide non-latex personal supplies for latex allergic students
Post "Latex reduced environment" sign at entrance of building
Encourage a no-peanut zone in the school cafeteria
Other: _____

Rev. 08/13

This form is adapted from The Food Allergy Anaphylaxis Network, "Food Allergy Action Plan" by the Allergic Asthma Coalition

Slide 2: To Be Completed by Parent/Guardian, Student and School

Allergy/Anaphylaxis Action Plan (continued) Student Name _____ D.O.B. _____

Parent/Guardian AUTHORIZATIONS

- I want this allergy plan implemented for my child; I want my child to carry the EpiPen and I agree to release the school district and school personnel from all claims of liability if my child suffers any adverse reactions from self-administration of EpiPen.
- I want this plan implemented for my child and I do not want my child to self-administer EpiPen.
- It is recommended that backup medication be stored with the school/ school nurse in case a student forgets or loses EpiPen and/or antihistamine. The school district is not responsible or liable if backup medication is not provided to the school/ school nurse and student is without working medication when medication is needed.

Your signature gives permission for the nurse to contact and receive additional information from your health care provider regarding the allergic condition(s) and the prescribed medication.

Parent/Guardian Signature: _____ Phone: _____ Date: _____

Student Agreement:

- I have been trained in the use of my EpiPen and allergy medication and understand the signs and symptoms for which they are given;
- I agree to carry my EpiPen with me at all times;
- I will notify a responsible adult (teacher, nurse, coach, noon duty, etc.) IMMEDIATELY when auto-injector EpiPen (epinephrine) is used;
- I will not share my medication with other students or leave my EpiPen unattended;
- I will not use my allergy medications for any other use than what it is prescribed for.

Student Signature: _____ Date _____

Backup medication is stored at school Yes No

Approved by Nurse/Principal Signature: _____ Date _____

DIRECTIONS FOR EPIPEN® USE

1. Pull off gray activation cap.
2. Hold black tip to outer thigh (apply to thigh only).
3. Press hard into outer thigh until auto-injector mechanism functions. Hold in place for 10 seconds.
4. Massage the injection site for 10 seconds.
5. Once EpiPen® is used, call 911/EMS. Take the used EpiPen to the emergency room with you.

STAFF MEMBERS TRAINED

Name	Title	Location/Room #	Trained By

EMERGENCY CONTACTS

	Name	Home #	Work #	Cell #
Parent/Guardian				
Parent/Guardian				
Other:				
Other:				

Rev. 08/01
This form is adapted from The Food Allergy Anaphylaxis Network, "Food Allergy Action Plan" by the Lower Kuskokwim District.



Lower
Kuskokwim
School
District

Parental Media Release Form

I certify that I am the parent and/or guardian of _____
a student in the Lower Kuskokwim School District (LKSD).

I give the LKSD the right and permission to use and/or edit any

- Photographs
- Videos/films
- Audio recordings
- Student name
- Works, projects, and art
- Awards/recognitions

of the above named student in the following ways:

- In school settings
- During out-of-school student activities
- On LKSD webpages
- At workshops or conferences
- In public media such as radio, television, and newspaper
- In LKSD publications such as ELICAQ, Student of the Month, and advertisements

These photographs, videos, films, audio recordings, student name, works, projects, art, awards/recognitions will be used for the purpose of representing LKSD in a positive and beneficial manner. They will not be used for commercial purposes or profit.

I hereby consent to the above named uses and release LKSD, its employees, Board members and agents from any and all claims resulting from such use.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Address

Student Signature

Phone Number

Student Printed Name

Lower Kuskokwim School District

Acceptable Use Policy

Students

The Lower Kuskokwim School District recognizes that access to technology in school gives teachers, students, staff, and other school community members greater opportunities to learn, engage, communicate, and develop skills that will prepare them for work, life, and citizenship. We are committed to helping students develop 21st-century technology and communication skills.

To that end, we provide access to technologies for student and staff use. This Acceptable Use Policy outlines the guidelines and behaviors that users are expected to follow when using school technologies or when using personally owned devices on the school campus.

- The network is intended for educational purposes.
- All activity over the network or using district technologies may be monitored and retained.
- Access to online content via the network may be restricted in accordance with our policies and federal regulations, such as the Children's Internet Protection Act (CIPA).
- Students are expected to follow the same rules for good behavior and respectful conduct online as offline.
- Misuse of school resources can result in disciplinary action.
- We make a reasonable effort to ensure students' safety and security online, but will not be held accountable for any harm or damages that result from misuse of school technologies.
- Users of the network or other technologies are expected to alert TAI staff immediately of any concerns for safety or security.

Technologies Covered

The Lower Kuskokwim School District may provide Internet access, desktop computers, mobile computers or devices, videoconferencing capabilities, online collaboration capabilities, message boards, email, and more.

As new technologies emerge, The Lower Kuskokwim School District will attempt to provide access to them. The policies outlined in this document are intended to cover all available technologies, not just those specifically listed.

Usage Policies

All technologies provided by The Lower Kuskokwim School District are intended for educational purposes. All users are expected to use good judgment and to follow the specifics of this document as well as the spirit of it: be safe, appropriate, careful and kind; don't try to get around technological protection measures; use good common sense; and ask if you do not know.

Web Access

The Lower Kuskokwim School District provides its users with access to the Internet, including web sites, resources, content, and online tools. That access will be restricted in compliance with the Children's Internet Protection Act CIPA regulations and school policies. Web browsing may be monitored and web activity records may be retained indefinitely.

Users are expected to respect that the web filter is a safety precaution, and should not try to circumvent it when browsing the Web. If a site is blocked and a user believes it shouldn't be, the user should follow protocol to alert an IT staff member or submit the site for review.

Email

The Lower Kuskokwim School District may provide users with email accounts for the purpose of school-related communication. Availability and use may be restricted based on school policies.

If users are provided with email accounts, they should be used with care. Users should not send personal information; should not attempt to open files or follow links from unknown or untrusted origin; should use

appropriate language; and should only communicate with other people as allowed by the district policy or the teacher.

Users are expected to communicate with the same appropriate, safe, mindful, courteous conduct online as offline. Email usage may be monitored and archived.

Social / Web 2.0 / Collaborative Content

Recognizing that collaboration is essential to education, The Lower Kuskokwim School District may provide users with access to web sites or tools that allow communication, collaboration, sharing, and messaging among users.

Users are expected to communicate with the same appropriate, safe, mindful, courteous conduct online as offline. Posts, chats, sharing, and messaging may be monitored. Users should be careful not to share personally identifying information online.

Accessing social networking site with your personal account during normal working hours is prohibited. You may access social networking sites with your personal account during your assigned break and lunch schedule. It is the sole responsibility of the user to keep this to an absolute minimum. In the event the Lower Kuskokwim School District feels that this interferes with the overall performance of the network, it may choose to restrict access until a suitable solution is found.

Mobile Devices Policy

The Lower Kuskokwim School District may provide users with mobile computers or other devices to promote learning both inside and outside of the classroom. Users should abide by the same acceptable use policies when using school devices off the school network as on the school network.

Users are expected to treat these devices with extreme care and caution; these are expensive devices that the school is entrusting to your care. Users should report any loss, damage, or malfunction to IT staff immediately. Users may be financially accountable for any damage resulting from negligence or misuse.

Use of school-issued mobile devices, including use of the school network, may be monitored.

Personally Owned Devices

Students may use personally owned devices (including laptops, tablets, smartphones, and cell phones) during school hours with teacher or principal permission—providing such use does not interfere with the delivery of instruction by a teacher or staff or creates a disturbance in the educational environment. Any misuse of personally owned devices may result in disciplinary action. Therefore, proper netiquette and adherence to the acceptable use policy should always be used. In some cases, a separate network may be provided for personally owned devices.

Security

Users are expected to take reasonable safeguards against the transmission of security threats over the school network. This includes not opening or distributing infected files or programs and not opening files or programs of unknown or untrusted origin. If you believe a computer or mobile device you are using might be infected with a virus, please alert TAI. Do not attempt to remove the virus yourself or download any programs to help remove the virus.

If you identify a security problem in the building or district networks, notify TAI at once. Never demonstrate the problem to other users. Never use another individual's account. Never give your password to another individual.

Individuals, who pose a security risk to LKSD, its system, or any members therein, will be denied access and held accountable, thus resulting in disciplinary action and/or prosecution.

Vandalism:

Vandalism is described as any malicious attempt to deface, disable, or destroy computers, peripherals, other network hardware, or to harm or destroy data of another agencies or networks that are connected to the system.

Any vandalism will result in loss of network privileges, disciplinary actions and/or prosecution.

Downloads

Users should not download or attempt to download or run .exe programs over the school network or onto

school resources without express permission from the TAI staff. You may be able to download other file types, such as images or videos. For the security of our network, download such files only from reputable sites, and only for educational purposes.

Netiquette

- Users should always use the Internet, network resources, and online sites in a courteous and respectful manner.
- Users should also recognize that among the valuable content online is unverified, incorrect, or inappropriate content. Users should use trusted sources when conducting research via the Internet.
- Users should also remember not to post anything online that they wouldn't want parents, teachers, or future colleges or employers to see. Once something is online, it's out there—and can sometimes be shared and spread in ways you never intended.

Plagiarism

- Users should not plagiarize (or use as their own, without citing the original creator) content, including words or images, from the Internet.
- Users should not take credit for things they didn't create themselves, or misrepresent themselves as an author or creator of something found online. Research conducted via the Internet should be appropriately cited, giving credit to the original author.

Personal Safety

If you see a message, comment, image, or anything else online that makes you concerned for your personal safety, bring it to the attention of an adult (teacher or staff if you're at school; parent if you're using the device at home) immediately.

- Users should never share personal information, including phone number, address, social security number, birthday, or financial information, over the Internet without adult permission.
- Users should recognize that communicating over the Internet brings anonymity and associated risks, and should carefully safeguard the personal information of themselves and others.
- Users should never agree to meet someone they meet online in real life without parental permission.

Cyberbullying

Cyberbullying will not be tolerated. Harassing, dissing, flaming, denigrating, impersonating, outing, tricking, excluding, and cyberstalking are all examples of cyberbullying. Don't be mean. Don't send emails or post comments with the intent of scaring, hurting, or intimidating someone else.

Engaging in these behaviors, or any online activities intended to harm (physically or emotionally) another person, will result in severe disciplinary action and loss of privileges. In some cases, cyberbullying can be a crime. Remember that your activities are monitored and retained.

Examples of Acceptable Use

I will:

- Use school technologies for school-related activities and research.
- Follow the same guidelines for respectful, responsible behavior online that I am expected to follow offline.
- Treat school resources carefully, and alert staff if there is any problem with their operation.
- Encourage positive, constructive discussion if allowed to use communicative or collaborative technologies.
- Alert a teacher or other staff member if I see threatening/bullying, inappropriate, or harmful content (images, messages, posts) online.
- Use school technologies at appropriate times, in approved places, for educational pursuits only.
- Cite sources when using online sites and resources for research; ensure there is no copyright infringement.
- Recognize that use of school technologies is a privilege and treat it as such.
- Be cautious to protect the safety of others and myself.
- Help to protect the security of school resources.

This is not intended to be an exhaustive list. Users should use their own good judgment when using school technologies.

Examples of Unacceptable Use

I will not:

- Use school technologies in a way that could be personally or physically harmful to others or myself.
- Search inappropriate images or content.
- Engage in cyberbullying, harassment, or disrespectful conduct toward others—staff or students.
- Try to find ways to circumvent the school’s safety measures and filtering tools.
- Use school technologies to send spam or chain mail.
- Plagiarize content I find online.
- Post personally identifying information, about others or myself.
- Agree to meet someone I meet online in real life.
- Use language online that would be unacceptable in the classroom.
- Use school technologies for illegal activities or to pursue information on such activities.
- Attempt to hack or access sites, servers, accounts, or content that isn’t intended for my use.

This is not intended to be an exhaustive list. Users should use their own good judgment when using school technologies.

Limitation of Liability

The Lower Kuskokwim School District will not be responsible for damage or harm to persons, files, data, or hardware. While The Lower Kuskokwim School District employs filtering and other safety and security mechanisms, and attempts to ensure their proper function, it makes no guarantees as to their effectiveness. The Lower Kuskokwim School District will not be responsible, financially or otherwise, for unauthorized transactions conducted over the school network.

Violations of this Acceptable Use Policy

Violations of this policy may have disciplinary repercussions, including:

- Suspension of network, technology, or computer privileges in extreme cases
- Notification to parents in most cases
- Detention or suspension from school and school-related activities
- Legal action and/or prosecution

I have read and understood this Acceptable Use Policy and agree to abide by it:

(Student Printed Name)

(Student Signature)

(Date)

I have read and discussed this Acceptable Use Policy with my child:

(Parent Printed Name)

(Parent Signature)

(Date)

Lower Kuskokwim School District

Acceptable Use Policy

Social Networking

The primary use of the Lower Kuskokwim School District's school and district computer network and equipment must be in support of education, research, personal and professional development. We encourage teachers, students, staff, and other school community members to use social networking/media (Twitter, Facebook, etc.) as a way to connect with others, share educational resources, create educational content, and enhance the classroom experience. While social networking is fun and valuable, there are some risks you should keep in mind when using these tools. In the social media world, the lines are blurred between what is public or private, personal or professional. We've created these social networking/media guidelines for you to follow when representing the school in the virtual world.

Please do the following:

Use good judgment

- We expect you to use good judgment in all situations.
- You must know and follow the school's Student/Parent Handbook.
- Regardless of your privacy settings, assume that all of the information you have shared on your social network is public information.

Be respectful

- Always treat others in a respectful, positive and considerate manner.

Be responsible and ethical

- Even though you are approved to represent the school, unless you are specifically authorized to speak on behalf of the school as a spokesperson, you should state that the views expressed in your postings, etc. are your own. Stick with discussing school-related matters that are within your area of responsibility.
- Be open about your affiliation with the school and the role/position you hold.

Be a good listener

- Keep in mind that one of the biggest benefits of social media is that it gives others another way to talk to you, ask questions directly and to share feedback.
- Be responsive others when conversing online. Provide answers, thank people for their comments, and ask for further feedback, etc.
- Always be doing at least as much listening and responding as you do "talking."

Don't share the following:

Confidential information

- Do not publish, post or release information that is considered confidential or not public. If it seems confidential, it probably is. Online "conversations" are never private. Do not use your birth date, address, and cell phone number on any public website.

Private and personal information

- To ensure your safety, be careful about the type and amount of personal information you provide. Avoid talking about personal schedules or situations.
- NEVER give out or transmit personal information of students, parents, or co-workers
- Don't take information you may receive through social networking (such as e-mail addresses, customer names or telephone numbers) and assume it's the most up-to-date or correct.
- Always respect the privacy of the school community members.

Please be cautious with respect to:

Images

- Respect brand, trademark, copyright information and/or images of the school (if applicable).
- You may use photos and video (products, etc.) that are available on the school's website.
- It is generally not acceptable to post pictures of students without the expressed written consent of their parents.
- Do not post pictures of others (co-workers, etc.) without their permission.

Other sites

- A significant part of the interaction on blogs, Twitter, Facebook and other social networks involves passing on interesting content or linking to helpful resources. However, the school is ultimately responsible for any content that is shared. Don't blindly repost a link without looking at the content first.
- Pay attention to the security warnings that pop up on your computer before clicking on unfamiliar links. They actually serve a purpose and protect you and the school.
- When using Twitter, Facebook and other tools, be sure to follow their printed terms and conditions.

And if you don't get it right...

- Be sure to correct any mistake you make immediately, and make it clear what you've done to fix it.
 - Apologize for the mistake if the situation warrants it.
 - If it's a MAJOR mistake (e.g., exposing private information or reporting confidential information), please let someone know immediately so the school can take the proper steps to help minimize the impact it may have.
-

I have read and understood this Acceptable Use Policy and agree to abide by it:

(Student Printed Name)

(Student Signature)

(Date)

I have read and discussed this Acceptable Use Policy with my child:

(Parent Printed Name)

(Parent Signature)

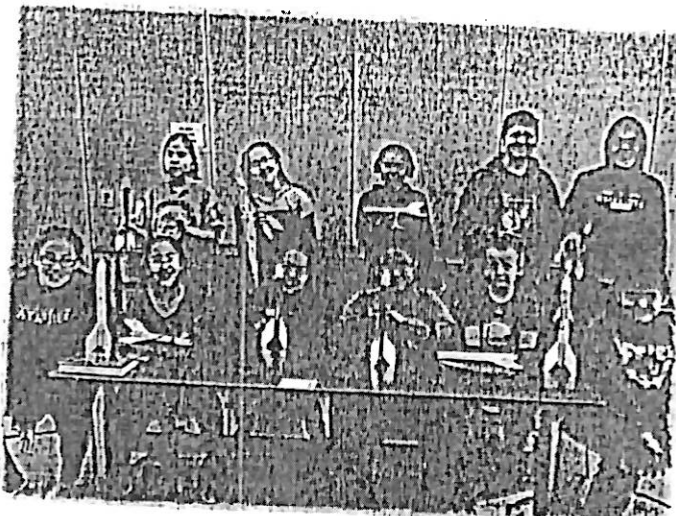
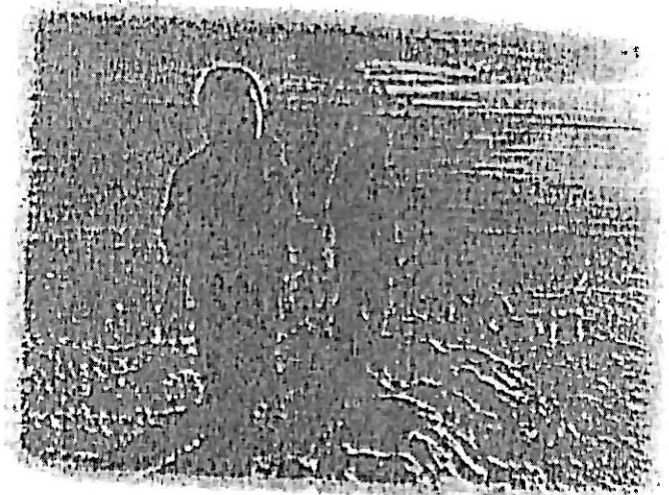
(Date)

LKSD MIGRANT EDUCATION PROGRAM

Leah O'Heam 543-4831*Priscilla Engebret 543-4932*April Blevins 543-4854

The primary goal of the Alaska Migrant Education Program is to ensure that all migrant students reach challenging academic standards and graduate with a high school diploma that prepares them for responsible citizenship, further learning, and productive employment.

Please fill out the survey on the back of this sheet and return to your child's school office.



Your child may qualify for the Migrant Education Program if s/he:

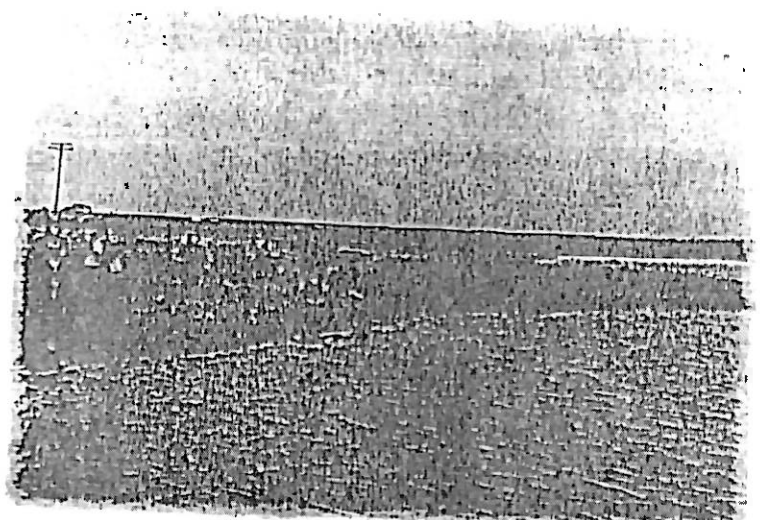
- Travelled more than 20 miles to a fish camp or berry camp
- Stayed at camp for a total of seven nights or more in a year (doesn't have to be consecutive)
- Relies on subsistence fish or berries to get through the year

After returning this survey, you may be called by a recruiter for a short interview.

Some of the services we can provide include:

- Tutoring
- Family Nights
- Book Distributions
- School Supply Distributions
- Summer Camps
- CPR Trainings
- Swimming Lessons

Contact your child's school for specifics!



Child's Full Name	Birthplace	Birthdate

Parents' Names	Phone Numbers	Physical Address	Mailing Address

Children must travel over 20 miles and stay at least one night. Please list specific location names and specific overnight dates.

**Example*

Location	<i>Tunt Fish Camp</i>
Dates	<i>06/05/17-07/01/17</i>
Type of Activity	<i>Drift Net-Salmon</i>

Location	
Dates	
Type of Activity	

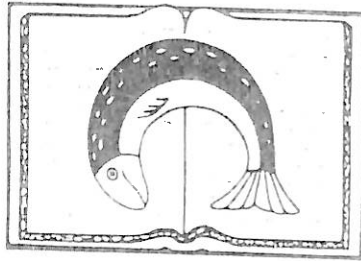
Location	
Dates	
Type of Activity	

Location	
Dates	
Type of Activity	

Location	
Dates	
Type of Activity	

Location	
Dates	
Type of Activity	

Are the fish and berries an economic necessity for your family? Please tell us what would happen if your family didn't gather fish or berries.



Lower
Kuskokwim
School
District

Tuberculin Test Consent Form

Student Name _____

Date of Birth _____

School _____

Dear Parents:

During the school year your child's school will be conducting health screening of all students. Tuberculin testing is required of all students each year. Please read carefully and sign the TB slip as soon as possible.

.....

Consent for Tuberculin Tests

Please check () one and sign before returning to school nurse.

() I give my permission for _____ to have an annual TB test when it is indicated during the period he or she is enrolled in the Alaska school system.

() I do not give my permission for _____ to have an annual TB test. Please give reason:

.....

You will be notified if your child's test is positive. If your child has ever had Tuberculosis or a positive test he or she need not have the test again.

Date

Parent or Guardian Signature

STATE OF ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
CLIENT REGISTRATION

Registration Date: _____ HIPAA Signed? Yes No CHART #: _____

FOR CLIENTS UNDER 18 YEARS; MANDATORY PARENT/GUARDIAN INFORMATION

Guardian/Father's Last, First Name _____
 Guardian/Father's City and State of Birth _____
 Guardian/Father's Employer _____ Self Employed Unemployed
 Guardian/Mother's 'Maiden' Name, First Name _____
 Guardian/Mother's City and State of Birth _____
 Guardian/Mother's Employer _____ Self Employed Unemployed

CLIENT INFORMATION

Client's Legal Name: Last, First, Middle Initial _____
 Client's Gender Male Female Date of Birth: _____
 Client's Social Security Number # _____
 Client's Marital Status Single Married Separated Divorced Widow/Widower
 Client's Mailing Address: Street/Po Box _____
 Client's Mailing Address: City _____ State: _____ Zip: _____
 Client's City and State of Birth _____
 City/Village Client currently lives in? _____
 (Home Phone is Cell Phone) Cell Phone _____ Since (date) _____
 Work Phone _____ Home Phone _____
 Message Phone _____
 May we call or leave messages for you at Cell Home Work Message
 May we send mail to your home? Yes No
 Client's Previous Names _____ Not Applicable
 Client's Employer Name (≥ 14 yrs) _____ Self Employed Unemployed
 Client's Medicare Number # _____ Eligibility Date: _____
 Client's Denali Kid Care/Medicaid Number # _____ Effective: _____
 Client's Private Insurance Name _____ Uninsured
 Is Client a Veteran? Yes No
 Client's Race (check all that apply) American Indian/Alaska Native Asian White
 Black/African American Hawaiian Pacific Islander
 Client's Primary Language English Other (specify) _____
 Client's Proficiency in English Well Not Well Interpreter Needed? Yes No
 Client's Ethnicity Hispanic Not Hispanic
 Client's Primary Health Care Provider _____
 Number in Household (including yourself) # _____ None
 Gross Household Income per MONTH \$ _____

CLIENT EMERGENCY CONTACT INFORMATION

Emergency Contact Name: Last, First, Middle _____
 Emergency Contact Phone # _____
 Relationship to Client _____
 Contact's Mailing Address: Street, City, State, Zip _____
 Same as Client

Other Household Member Names	Birth Date	Male/Female	Relationship to Client
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

The above information is true to the best of my knowledge. This registration form must be completed in its entirety.

Client/Guardian Signature _____ Date _____ Reviewed by PHN/Staff _____ Date _____



State of Alaska
Department of Health and Social Services

**ACKNOWLEDGEMENT OF RECEIPT OF
DHSS NOTICE OF PRIVACY PRACTICES**

Printed Name of Client/Patient _____

Client/Patient Date of Birth or Other Identification _____

Please indicate that you have received a copy of the DHSS Notice of Privacy Practices by checking below and signing your name*.

I have received a copy of the DHSS Notice of Privacy Practices.

Signature of Client/Patient or Personal Representative*
(Or Witness if signature is by mark) _____

Date Acknowledgement Signed _____

Printed Name of Personal Representative or Witness _____

Description of Personal Representative's Authority _____

* Personal Representative signature required if client/patient is a minor or adult who is unable to sign this form.

DHSS STAFF ONLY: This portion to be completed by DHSS staff ONLY if unable to obtain client/patient acknowledgement signature above OR if acknowledgement was translated for a client. Indicate that the acknowledgement was translated or the reason acknowledgement was not obtained by checking the appropriate box, entering other information (if necessary) and print staff name and translator name (if necessary).

Acknowledgement was translated for Client/Patient by:

_____ (Printed Name of Translator).

An attempt was made to obtain acknowledgement for receipt of DHSS Notice of Privacy Practices. Acknowledgement was not obtained because:

Client/Patient declined to sign acknowledgement

Other: (explain) _____

Printed Name of DHSS Staff _____

Date _____



Release of Patient Health Information

NOTICE TO THE INDIVIDUAL: When authorizing the disclosure (release) of health information, you must be advised of certain rights. You have the right to:

- Refuse to sign this authorization form. By refusing to sign, it will not affect your treatment, payment, enrollment or eligibility for benefits with the facility;
- Inspect and receive a copy of this authorization form upon your request;
- Receive this authorization in written, plain language. If you do not clearly understand what is being described or what is being requested, contact someone and request that additional instruction be provided before signing this form;
- Revoke this authorization at any time by notifying the authorized entity (who is going to be releasing the information). The revocation may not be valid if the information has already been disclosed (release) before the request for revocation form was received.

Patient's Name: _____
First Middle Last Date of Birth: _____

Address: _____
Mailing or Physical Address City State Zip Code

Disclose (Release) Information From:

Organization: _____
 Name/Job Title: **YUKON-KUSKOKWIM DELTA REGIONAL HOSPITAL**
 Address: **P.O. Box 267, Suite 3000 Bethel, AK 99559**
 City / State / Zip: **(907) 543-6300**
 Ph#: _____ Fax#: _____
 Email: _____

Disclose (Release) Information To:

Organization: **LKSD Kusko Learning Area**
 Name/Job Title: _____
 Address: **Box**
 City / State / Zip: **Bethel, AK 99559**
 Ph#: **5** Fax#: _____
 Email: _____

PURPOSE OF DISCLOSURE (Release): School enrollment records

TYPE OF INFORMATION TO BE DISCLOSED: (checkmark each category of information you are authorizing to be disclosed.)

- Medical Information:** This authorizes the disclosure of all medical information within the "Designated Medical Record". (This information usually does not include: Psychotherapy Notes or information related to Alcohol & Drug or Mental Health programs, Sexual Assaults, and other types of records that may be further protected by law.)
- Sensitive Information:** This authorizes the disclosure of additional medical information which may not be in the "Designated Medical Record, such as: HIV/AIDS, STD's, Sexual Assaults, etc.
- Mental Health/Alcohol:** This authorizes the disclosure of all information contained in any record(s) related to Behavioral Health or Alcohol & Drug program services.
(Requests may take longer to complete.) Information within these programs are only permitted to be disclosed in accordance with accordance with 42 CFR, Part 2 regulations.
- Psychotherapy Notes:** These "notes" are not typically kept in any medical record. Any request for such "notes" must be approved by the Provider or as authorized through a court-order.

ONCE THE HEALTH INFORMATION HAS BEEN DISCLOSED, PRIVACY LAWS MAY NO LONGER PROTECT IT FROM FURTHER DISCLOSURE THE PERSON OR ORGANIZATION RECEIVING THE INFORMATION MAY BE AUTHORIZED TO RE-DISCLOSE WITHOUT PATIENT AUTHORIZATION

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS PROTECTED BY FEDERAL CONFIDENTIALITY RULES (42 CFR, PART 2). THE FEDERAL RULES PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY THE WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY 42 CFR, PART 2. THE FEDERAL RULES RESTRICT ANY USE OF THE INFORMATION TO CRIMINALLY INVESTIGATE OR PROSECUTE ANY ALCOHOL OR DRUG ABUSE PATIENT.

This authorization is intended for use in complying with the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, and the Privacy Act of 1974 (5 U.S.C §552a)



Release of Patient Health Information

AMOUNT OF INFORMATION TO BE DISCLOSED (RELEASED): (Check ONLY one)
(I understand reasonable, cost-based fees may be charged for copies)

Date range: The "To" date must be a date and may not exceed the date of signature.

Complete Record: (Select one): I authorize the disclosure of all information from:

Entire Record Between the following dates: From: _____ To: _____

Summary: (Select one): I request that treatment/service information be received in a summary.

Electronic summary Provider written summary
(Additional charges may apply for obtaining a provider's written summary)

Incident Specific: I authorize the disclosure of all information that may be related to the incident described below. The exact/ approximate date range is provided to assist in locating this specific incident.

Describe incident: _____ From: _____ To: _____

Specific Dept/Program: I authorize the disclosure of information only from the department/program listed below and for information between the date range provided.

Dept. Name: Immunizations From: _____ To: _____

DURATION OF AUTHORIZATION: (Check ONLY one)

This Written Authorization shall expire (end) immediately after the information requested has been disclosed (released).

This Written Authorization shall remain valid only during the dates listed*: From: _____ To: _____

This Written Authorization shall remain valid until an ascertainable event has been met:
Describe Ascertainable Event: _____

* If this option was selected, must complete this section:

I hereby (Check one) authorize deny the authorized recipient to receive any new or additional information that may be created or gathered during the dates listed above or until the ascertainable event has occurred upon request.

DISCLOSURE OF INFORMATION MAY BE DONE BY: I am authorizing the information listed above to be disclosed (released):
(Check all that you are authorizing)

<input type="checkbox"/> Communications may be done:	<input type="checkbox"/> In-person	<input type="checkbox"/> Phone/Cell (not text)	<input type="checkbox"/> Letter
<input type="checkbox"/> Written documentation may be:	<input type="checkbox"/> Picked up	<input checked="" type="checkbox"/> Facsimile (Fax)	<input checked="" type="checkbox"/> Mail
<input type="checkbox"/> Copied to:	<input type="checkbox"/> CD/DVD	<input type="checkbox"/> Memory Card/Stick	<input type="checkbox"/> Electronic Mail (Email)
<input type="checkbox"/> Other: (specify) _____			

Important! Information that is sent or communicated by phone/call, facsimile (fax), mail, or electronic mail has the possibility of being intercepted and received by unauthorized individuals. My signature below indicates that I understand this and hereby authorize my information be sent to the intended recipient in the manner authorized on this form.

I understand the rights as described in the notice above and hereby authorize the use and/or disclosure (release) of the information listed above as it pertains to any past, present or future physical health or condition of the individual (patient) listed above.

_____ Patient Signature	_____ Date/Time	_____ Phone/Contact#
_____ Signature of Parent/Legal Rep.	_____ Date/Time	_____ Relationship to Patient

This authorization is valid only for the information identified above and to be released only for the purpose stated above and may not be used by the recipient for any other purpose. An expired, deficient, or falsified authorization of disclosure is prohibited.

**LOWER KUSKOKWIM SCHOOL DISTRICT
SOCIAL WORK DEPARTMENT**

STUDENT CONSENT FORM

I _____ agree to participate
in receiving services from the Lower Kuskokwim School District's School
Social Work department.

I understand that I can refuse said services at any time.

Student over 18yrs of age

Date

School Social Worker
(Ikayurta)

Date
(Emiumaluni)

**LOWER KUSKOKWIM SCHOOL DISTRICT
SCHOOL SOCIAL WORK DEPARTMENT**

PARENT CONSENT FORM

I consent to the participation of my child/ward: _____
(Pisqumaaqa Ilagaucesqelluku Yuk'a/avaliqa)

in the Lower Kuskokwim School District's School Social Work Services.

I understand that I can revoke this consent at any time by written notice to the Lower Kuskokwim School Social Work department.

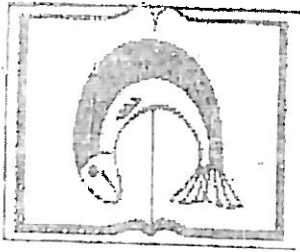
I understand that this consent will remain active unless I revoke it as stated above.

Parent or Legal Guardian
(Amgayuqam Wall'u Aulukilriim Atra)

Date
(Emiumaluni)

School Social Worker
(Ikayurta)

Date
(Emiumaluni)



Lower
Kuskokwim
School
District

Emergency Contact Information

Dear Parents:

Please give us 2 emergency contacts that we can call if necessary. Ultimately you are our first choice and we will do our best to contact you. The names on this list will be able to pick up your child in case of an emergency only. Please notify your contacts that they are on this list at our School.

Student Name: _____ School: _____

Emergency Contact # 1

Name: _____

Home phone number: _____ Cellphone number: _____

Work phone number: _____ ext. _____

Emergency Contact # 2

Name: _____

Home phone number: _____ Cellphone number: _____

Work phone number: _____ ext. _____

Thank you,

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart I

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, State Organized Indian Group
 Including Alaska Native Recognized Terminated Meeting #5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

2019 Alaska Youth Risk Behavior Survey

Parent/Guardian Permission Form

Our Lower Kuskokwim School District is participating in the Alaska Youth Risk Behavior Survey (YRBS), which is sponsored by the Alaska Department of Health and Social Services and the Alaska Department of Education & Early Development. It will be given in February.

The YRBS was developed by the Centers for Disease Control (CDC). It has been approved by local and state school officials and is supported by many community, state and national organizations. The YRBS asks about health/safety risk behaviors of 9th through 12th grade students that are directly related to the leading causes of health and social problems among youth. The multiple choice questions ask about drug or alcohol use, tobacco use, violence and other injury-causing behaviors, sexual behaviors, diet and exercise. The survey results supply important information that cannot be collected in any other way. The results of this survey will be used to help your child and other children in the future.

Survey procedures will protect your student's privacy and allow for anonymous participation. Students will not put their names or any other identifying information on the survey. Students are allowed to skip any questions they do not wish to answer. Reporting procedures also assure that student anonymity is protected.

Questionnaires used in the earlier YRBS surveys and results from past surveys are posted on the Alaska YRBS website at: <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx>. The 2019 questionnaire will be posted there as well.

We would like all selected students to participate, but it is your decision. Your written consent is required for your child's participation. There will be no actions against you or your child if your child does not participate.

Please read the section below, check the appropriate box and return the form to the school. If you have any questions, please contact the LKSD YRBS Coordinator, Meghan Crow at 543-4874.

2019 Alaska Youth Risk Behavior Survey

YES, my student may participate in the survey.

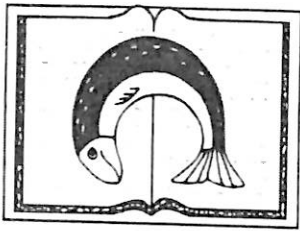
NO, my student may not participate in the survey.

Student's Name: _____

Grade: _____

Parent/Guardian Signature: _____

Date: _____



**Lower
Kuskokwim
School
District**

Income Survey for Title I-A

Dear Parent:

The following information is needed by our school. This information will be used to meet federal and state laws for Title I-A, and may be used to qualify for additional grants. This survey establishes free lunch eligibility (This table is from the Alaska Income Eligibility Guidelines for Free and Reduced Meals).

Please check the row that best describes your family's annual income level (Adjusted Taxable Income as reported on your 2017 tax return).

Yearly Income	
<input type="checkbox"/>	\$28,083 or less
<input type="checkbox"/>	\$28,084 - \$38,073
<input type="checkbox"/>	\$38,074 - \$48,063
<input type="checkbox"/>	\$48,064 - \$58,053
<input type="checkbox"/>	\$58,054 - \$68,043
<input type="checkbox"/>	\$68,044 - \$78,033
<input type="checkbox"/>	\$78,034 - \$88,023
<input type="checkbox"/>	\$88,024 - \$98,013
<input type="checkbox"/>	more than \$98,013

Number of people who live in your household _____

Physical Address: _____

Children enrolled in school (please include all children in schools in the district).

Name (Last, First)	Grade	School

This information is confidential and individual family data will not be reported.

Please return this survey to your school by Friday, October 12, 2018.

THANK YOU

Lower Kuskokwim School District

**Family Educational Rights and Privacy Act (FERPA)
Parent Request for Non-Disclosure of School Directory Information**

The **Family Educational Rights and Privacy Act (FERPA)**, a Federal law, requires that LKSD, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, LKSD may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow LKSD to include this type of information from your child's education records in certain school publications.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks.

The Lower Kuskokwim School District has designated the following information as directory information:

- Student's Name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Weight and height of members of athletic teams
- Electronic mail address
- Photograph
- Degrees, honors, and awards received
- Date and place of birth
- Dates of attendance
- Grade level

If you **do not** want LKSD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by October 31, 2018. The form is located on the back on this sheet.

Lower Kuskokwim School District

**Family Educational Rights and Privacy Act (FERPA)
Parent Request for Non-Disclosure of School Directory Information**

To: Parents of K-12 Students

If you **do not** want your child's directory information released, please complete the following:

Student Name: _____ School: _____

Address: _____ Date of Birth: _____

_____ Phone: _____

____ **Do not** release my child's directory information.

Parent/Guardian Signature: _____ Date: _____

OR

Eligible Student Signature: _____ Date: _____
(18 years or older)

Thank you

Please return this form to your child's school by October 31, 2018.

Lower Kuskokwim School District

**Military or College Recruiters
Parent Request to Withhold Release of Information**

To: Parents of High School Students

The **Every Student Succeeds Act of 2015** requires that school districts provide military recruiters and institutions of higher education access to secondary school students' names, addresses, and telephone listings. Parents have the right to withhold the release of this directory information from these organizations.

If you **DO NOT** want your child's directory information released to the military and/or college recruiters, please complete the following:

Student Name: _____ School: _____

Address: _____ Date of Birth: _____

_____ Phone: _____

___ **Do not** release my child's directory information to military recruiters.

___ **Do not** release my child's directory information to colleges, universities, or other institutions of higher learning.

Parent/Guardian Signature _____ Date: _____

OR

Eligible Student Signature _____ Date: _____
(18 years or older)

Thank you

Please return the completed form to your child's school by October 31, 2018.