

**MINERAL COUNTY SCHOOL DISTRICT
STUDENT INFORMATION AND PERMISSIONS SHEET 2022-2023 SCHOOL YEAR**

STUDENT NAME: _____ GRADE _____ School (check one) ___ HES K-6 ___ Schurz K-6 ___ HJH/MCHS

EMERGENCY SCHOOL CLOSURE INFORMATION Please complete the following: On occasion, it is necessary to close the school for emergency reasons. *SCHOOL FORMS AND PERMISSIONS CHECKLIST Please complete the following:*

<p><u>In case of emergency school closure</u> <u>Students who walk should (check one):</u></p> <p>___ Walk home ___ Stay at school</p> <p>Go with _____ Address _____ Phone _____</p>	<p><u>In case of emergency school closure</u> <u>Students who ride bus should (check one):</u></p> <p>___ Ride bus home ___ Stay at school</p> <p>___ Ride bus with _____ Address _____</p> <p>___ NOT to ride bus Go with _____ Address _____ Phone _____</p> <p><u>IF EMERGENCY & BUSES CANNOT RUN:</u> ___ Walk with _____ ___ Stay at school Go with _____ Address _____ Phone _____</p>
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FORM DESCRIPTION	YES	NO	Parent Initial
TECHNOLOGY & ACCEPTABLE USE POLICY My child may use the internet while at school. We have read, agree to adhere to MCS D TECHNOLOGY & ACCEPTABLE USE PROCEDURES.			
EMAIL AUTHORIZATION My child may use email. We have read and agree to adhere to MCS D TECHNOLOGY & ACCEPTABLE USE PROCEDURES.			
HUMAN DEVELOPMENT/FAMILY LIFE ED. My child may participate in this education, Grades 5 & up.			
EDUCATIONAL TRIPS & SCHOOL ACTIVITIES My child may participate in field trips and school activities. For out of town field trips, I understand that separate field trip forms will be sent out.			
PICTURES AND VIDEOS By agreeing, photographs or videos of your child can be posted publicly for the purpose of educating students, promoting the school or promoting public education and you give your permission for the school to publish photographs and/or samples of your child's work, regarding your child may be published and shared appropriately.			
NEVADA DEPARTMENT OF EDUCATION CODE OF HONOR & EDUCATIONAL INVOLVEMENT ACCORD. I have read and agree to abide.			
PRIVACY OF EDUCATION RECORDS DURING ONLINE EDUCATION I have received and read the Privacy of Education Records During Online Learning			
MCS D Student/Parent Handbook I have received and reviewed the MCS D Student/Parent Handbook			

By signing below, I acknowledge that it is my responsibility to notify the school of any updated information concerning my child. MCS D Personnel is authorized to provide emergency care to my child. I acknowledge I have received a copy of all information listed above and acknowledge receipt of the Notice of Privacy Practices. All rules as outlined in the Code of Conduct apply to all school activities occurring on school grounds, during school sponsored activities, on any other site being used for school activities and for any vehicles authorized for the transporting of students.

PRINT STUDENT NAME

Parent /Guardian Signature

Date

PLEASE RETURN THIS FORM COMPLETED IN ITS ENTIRETY TO THE SCHOOL AS SOON AS POSSIBLE. * IF THIS FORM IS NOT RETURNED OR FULLY COMPLETED ALL PERMISSIONS WILL BE CONSIDERED GRANTED.**

****SPECIAL NOTE****

Visitors are allowed based on Covid 19 Nevada State and CDC guidelines on visits to school campuses. When guidelines allow visitors, ALL Parents/Guardians/Visitors are to sign in at the office and obtain a VISITOR'S PASS before entering classrooms, playground area, cafeteria and/or any other buildings on school grounds. All students MUST be signed in and out at the office. Parent Initials _____