

College School District Student Profile for Student Name:

Gender: M F

School: District Office

Grade:

Student Nr:

SSID:

Please read the information below and write any corrections to the right of each answer in the "Corrections" column.

| General Information | Current Record | Corrections |
|--------------------------|----------------|-------------|
| Physical Address: | | |
| Home Phone: | | |
| Mailing Address: | | |
| Birthplace (city,state): | | |
| Birth Date: | | |
| Ethnicity/Race: | | |
| Student lives with: | | |

| Parent/Guardian Information | Current Record | Corrections |
|---|----------------|-------------|
| Parent/Guardian 1 | | |
| Home Phone: | | |
| Cell Phone: | | |
| Work Phone: | | |
| Email: | | |
| Parent/Guardian 2 | | |
| Home Phone: | | |
| Cell Phone: | | |
| Work Phone: | | |
| Email: | | |
| Who has custody? Name & Relationship: Please attach current court custody papers. | | |
| Parent mailing address if different than student (please include parent name): | | |

| Local Emergency Contacts other than Parents | Current Record | Corrections |
|---|----------------|-------------|
| Name and relationship to student: | | |
| Phone number: | | |
| Name and relationship to student: | | |
| Phone number: | | |

| Medical Information | Current Record | Corrections |
|----------------------------------|----------------|-------------|
| Doctor's Name and phone number: | | |
| Dentist's Name and phone number: | | |

| Health History | Current Record | Corrections/Additions |
|--|----------------|-----------------------|
| Allergies | | |
| Other Health Problems | | |
| Medication your Child takes: Please indicate @Home or @School | | |

| EMERGENCY CARE PERMIT AND HEALTH INFORMATION 2015-2016 SCHOOL YEAR | |
|--|--|
| <p>When a child suffers a serious injury or illness while in school, first aid will be rendered in accordance with local school policies, and an immediate and continuing effort will be made to contact the parents of that child. If I cannot be reached by telephone in the event of an emergency involving my child, I give permission to the school to contact the person(s) above, or to take my child to any available medical service. I am aware, however, that in most situations the physician and/or medical facility will not treat a minor child without parent permission.</p> | |
| Parent/Guardian signature _____ Date _____ | |

**FIELD TRIP PERMISSION
2015-2016 SCHOOL YEAR**

I give my permission for my child to participate in all field trips that his/her class or school group attend. I also give my permission for the adult in charge of the said field trips to seek the closest medical facility in case of an emergency and I authorize that facility to administer any emergency care.

Parent/Guardian signature: _____ Date: _____

**EMERGENCY SCHOOL CLOSURE PLAN
2015-2016 SCHOOL YEAR**

If school is dismissed early my child should: *(Please mark or make necessary changes below.)*

Ride the bus home _____ Ride the bus to Day Care _____ Walk home _____ Ride his/her bike home _____

Ride the bus (if other than home or day care) to: _____

Will be picked up by: _____

Other Plan: _____

Please indicate if it is necessary for school personnel to contact me if early emergency school closure occurs.

Yes, call me at _____ (or call _____ at _____)

No, it is not necessary to call, send my child as indicated above.

Parent/guardian signature: _____ Dated: _____

**STUDENT COMPUTER USE POLICY
2015-2016 SCHOOL YEAR**

I understand that the internet is a communication network that will allow me to search for and receive information on topics that I need for learning. I understand the primary purpose of the use of the Internet at school is for educational purposes, therefore internet games, social networking sites, popular websites (ie. YouTube), and personal email are not to be accessed at school, unless by direct instruction from a teacher.

I understand that using the internet is a privilege. I understand that to keep my privilege to use computers in the Buellton Union School District, I must follow all of the rules and directions that BUSD establishes including, but not limited to those listed below:

RULES

1. I will obey all computer lab rules
2. I will never search for information that is not allowed at school
3. I understand that all of my work on the internet may be reviewed by my parents and adults at school.
4. I will not use the internet for any commercial or illegal activity.
5. I promise to tell my teacher, the computer lab assistant, or other adult immediately if information, pictures, or videos are received which are offensive or contain profanity or obscene material or if another student is deliberately searching for information that is not allowed.
6. I understand that there will be no warnings or second chances if I break the rules.

Breaking a rule will result in disciplinary action, up to and including the loss of all school computer use privileges and/or suspension. By signing my name below, I agree to abide by the above rules and consequences.

Student signature _____ Date _____

PARENT CONSENT: I have read the Student Computer Use Policy. I understand the internet is a worldwide group of hundreds of thousands of computer networks. I know that BUSD does not control the content of these internet networks. When using the internet, I realize that students may encounter material that I consider controversial or offensive. BUSD has my permission to provide internet access to my child.

Parent signature _____ Date _____