

"Building bridges between tomorrow and today."



ENROLLMENT PACKET

**Bering Strait School District
PO Box 225
Unalakleet, AK 99684
(907)624-4289**

Dear Parent(s)/Guardian(s)

Welcome to Bering Strait School District schools. To enroll your child in school, please thoroughly complete the enrollment packet and provide the following required documents:

- **Updated Immunization records OR Completed Immunization Record Request Form OR Medical Exemption OR Religious Exemption Form:** (For kindergarteners, the required immunizations are listed below. *If any immunizations are missing, your child will be considered noncompliant with Alaska Immunization Regulations and will be dropped 30 days after the first day of school.*
 - Dtap-5 doses
 - Polio-4 doses
 - MMR-2 doses
 - Hepatitis B-3 doses
 - Hepatitis A-2 doses
 - Varicella-2 doses
- **Birth Certificate or Tribal Certificate**
 - If you do not have a copy of a birth certificate, you may use the birth certificate request form included in this packet and send to Alaska Vital Records along with payment and acceptable forms of identification.

Alaska Immunization Regulations 4 AAC 06.055 and 7 AAC 57.550 require that all children in Alaska public/private schools, certified preschools, and licensed childcare facilities be immunized, unless he/she is exempt due to medical contraindications, disease history, or religious reasons. During a vaccine-preventable disease outbreak in a school or childcare facility, an exempted child may be excluded from school or childcare until he/she is determined to no longer be at risk of developing the disease.

***Incomplete packets will hinder the enrollment process and your child may be excluded from school until we receive all the necessary documents to complete his/her file. ***

If you have any questions, feel free to call me at the number below. Thanks for your cooperation and we look forward to a great school-year.

Sincerely,

Amber Cunningham
BSSD Registrar
(907)624-4289

ENROLLMENT FORM
BERING STRAIT SCHOOL DISTRICT

PO Box 225
Unalakleet, AK 99684

**USE LEGAL NAME ONLY
STUDENT INFORMATION
--PLEASE PRINT--**

DATE:

Child's Full Name:

Inupiaq/SLI Yupik/Yup'ik Name:

Date of birth:

Gender:

Grade Level:

Local address:

City:

State:

Zip Code:

Email:

Birthplace:

Ethnicity (Check all that apply)

☐ Alaska Native

☐ American Indian

☐ Caucasian

☐ African American

☐ Asian

☐ Hispanic

CONTACT INFORMATION

Contact 1: (Legal Parent or Guardian)

Full Name:

Relationship:

Phone:

Occupation:

Work Phone:

EMAIL:

Contact 2: (Child lives with- if different)

FULL NAME:

Relationship:

PHONE:

Occupation:

Work Phone:

EMAIL:

Emergency Contact:

Full Name:

Relationship:

Phone:

OTHER INFORMATION

Previous School: (If transferring)

School Name:

City:

State:

ZIP Code:

Special education:

Is this child receiving special education services: ☐ YES ☐ NO ☐ UNKNOWN

Printed name:

Date:

Signature of Parent/Guardian:

FOR OFFICE USE ONLY: (Secretaries: Check for packet completion before sending in to district office.)

- ☐ YES ☐ NO COPY OF BIRTH CERTIFICATE
- ☐ YES ☐ NO COPY OF IMMUNIZATION RECORDS or IMMUNIZATION RECORD REQUEST FORM
- ☐ YES ☐ NO COMPLETE HEALTH HISTORY FORM***
- ☐ YES ☐ NO COMPLETE MEDICAL PERMISSION FORM AND SURVEY ADMIN. FORM
- ☐ YES ☐ NO COMPLETE INCOME DECLARATION FORM***
- ☐ YES ☐ NO COMPLETE PARENT LANGUAGE QUESTIONNAIRE
- ☐ YES ☐ NO COMPLETE INDIAN ED FORM 506
- ☐ YES ☐ NO COMPLETE MIGRANT ED. SCREENER***
- ☐ YES ☐ NO COMPLETE PHOTO MEDIA RELEASE FORM, EMAIL, PERMISSION TO PUBLISH FORMS

Alaska BIRTH Certificate Request Form Instructions

Who may obtain a birth certificate?

- Parent(s) listed on the current certificate.
- Child listed on the certificate (if 14 years or older) along with current school ID.
- Legal Guardian with certified guardianship papers.
- Third-Party requests must have notarized letter of consent for the release of information from the certificate holder or legal guardian.
- Attorneys & Government Agencies must have a letter on their letterhead stating who they represent and why the record is needed. Supporting original or notarized documentation must be provided.

Note: Faxed legal documents are NOT accepted.

Accepted forms of ID: (If expired, must be less than one year)

- Driver's license
- State-issued ID
- Passport
- Military ID
- Tribal/BIA card (with picture)
- School ID
- If you have none of the above forms of ID, please contact (907) 465-3391 for assistance.

How to submit a request:

- Complete this form, include payment and a copy of your ID.
 - For walk in service, you can visit the Anchorage or Juneau office. Address and contact information is below.
 - For mail, fax, or online orders: choose one method of submission. Please be advised that if you submit your requests via more than one method, you will be charged for each request.
 - For all current fees and processing times please visit our website: www.vitalrecords.alaska.gov
- Please note:**
- **Faxed orders*:** please call 10 minutes after sending your fax to confirm receipt.
 - **Expedited requests must be faxed, or submitted via VitalChek. Expedited requests sent via mail will not be expedited.**
 - **All Paternity, Adoptions or Corrections to a Birth certificate must be mailed or hand-delivered as Original Documents and/or Certified copies of forms are required.**
 - For additional information on how to amend a birth certificate, please contact our Special Services Unit at (907) 465-1200.

Alaska Vital Records Offices:

Juneau (Main Office)

Walk-in Office Hours:

Monday - Friday, 8:00 am - 5:00 pm

Physical Address:

5441 Commercial Blvd.

Juneau, Alaska 99801

Phone: (907) 465-3391

* Please do not send mail to the physical address.

Please send to HAVRS mailing address:

P.O. Box 110675

Juneau, AK 99811-0675

Anchorage Office

Monday - Friday, 8:00 am - 4:30 pm

3901 Old Seward Hwy, Ste. 101

Anchorage, Alaska 99503

Phone: (907) 269-0991

Note: Please mail requests to the Juneau Office P.O. Box.

Mail, Fax, and Online Orders

HAVRS Mailing Address:

P.O. Box 110675

Juneau, AK 99811-0675

Fax orders: (907) 465-3618

Online orders: VitalChek

<https://www.vitalchek.com/>

Alaska BIRTH Certificate Request Form

- Please read the instructions on the first page. Incomplete or inaccurate requests that do not include a copy of a government issued ID will not be processed.
- Submit this form WITH PAYMENT in person (Cash, check, money order or credit card), by mail (check, money order, or credit card), or by fax (credit card only). Office locations and contact information is on instruction page.
- This form is only for the purpose of the financial transaction and location of the requested record
- Please make Checks/Money Orders payable to: ALASKA VITAL RECORDS OFFICE.
- There will be a \$30 NSF fee for returned checks.

Information needed to locate the record:

FIRST Name on the Birth Certificate _____

MIDDLE Name _____

LAST/FAMILY Name _____

Date of Birth _____

City/Village of Birth _____

Mother's Full Name Prior to Marriage _____

Father's Full Name _____

APPLICANT NAME: _____

Contact Phone Number _____

Contact E-mail Address _____

Mailing Name _____

Mailing Address: _____

Street/P.O. Box _____

City, State, Zip _____

Choose your Relationship to Child Named on the Record:

- ☐ Self
 ☐ Parent
 ☐ Legal representative (with documentation)
 ☐ Other (Please specify) _____

Purpose of request (Ex: Personal records, legal purposes, government benefits, etc.) _____

Signature of Person Requesting the Record (Electronic/Typed Signature NOT Accepted) _____

What would you like to order?

_____ Number of Certified Birth Certificates

(\$30 one copy, \$25 each additional copy of the same record ordered at the same time)

_____ Paternity, Correction, Adoption, or Legal Name Change Processing Fee (\$30)

_____ Apostille Fee (\$12 for first copy, \$2 each additional copy)

Apostille Country: _____

_____ Number of Heirloom Certificates (\$55 first copy; \$50 additional copies)

Choose one:

- ☐ Rie Munoz, "The Embrace"
☐ Jon VanZyle, "Polar Bears"
☐ *Expedited/Rush Service (Fax orders) (\$11)

Please note: If birth is not registered or has an administrative hold, it cannot be rushed

Fee: _____

How would you like it shipped?

Please note: Alaska Vital Records assumes no responsibility for items after they have been shipped. If documents are lost or stolen you will need to resubmit your order with ID and payment. Vital Record certificates are legal documents that should be in your control only. Lost certificates may end up in the hands of criminals who could use the certificate to steal your identity. HAVRS strongly recommends you choose a method of shipping that requires a signature upon receipt. Call 907-465-3391 for more information on International Shipping.

Choose one:

- ☐ Regular Mail (No fee, NO tracking available!)
☐ Priority Mail (\$9.00. Includes tracking. No signature required).
☐ Priority Mail (\$12.00. Includes tracking and signature).
☐ FedEx Alaska (No P.O. Boxes; \$25.00. Includes tracking and signature).
☐ FedEx USA (No P.O. Boxes; \$30.00. Includes tracking and signature).

Do you want a signature? Yes ☐ No ☐

Do you want a signature? Yes ☐ No ☐

Total for all Items

Credit/Debit Card Information

(We accept: Visa, MasterCard, Discover, and American Express)

Name on Credit Card _____

Credit Card Number _____

Expiration date _____

Billing Zip Code _____

Cardholder Signature (REQUIRED; ELECTRONIC/TYPED SIGNATURE NOT ACCEPTED) _____



Immunization Record Request Form



All immunization record request must be accompanied by a copy of documentation that identifies the person requesting the immunization record. Examples of acceptable forms of identification are: a state-issued photo driver's license with address, a state-issued photo identification card with address or a U.S. passport or passport card with photo. **Please verify that the copy of the identification card is legible.**

If you need to request multiple records, please submit an Immunization Records Request Form for each record. If the record requested is for a minor under 18 years of age, please state your relationship to the minor in the "Requestor's Relationship" field. If you are requesting records for someone under 18 years of age, their records will only be released to a school or daycare facility. **Immunization record requests will be processed within 5-7 business days.**

IMMUNIZATION RECORD REQUESTED FOR:			
First Name:	Middle Name:	Last Name:	
Date of Birth: / / <small>Month Day Year</small>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:	
Current address:	City:	State:	Zip:

REQUESTOR'S INFORMATION (PERSON REQUESTING RECORD)			
Requestor's Name:	Requestor's Relationship: Select		
Current address:	City:	State:	Zip:
Phone:	E-mail:		
By signing this agreement, I _____ hereby authorize the Alaska Department of Health and Social Services (DHSS) <small>(print name of requestor)</small>			
to release immunization information that may be held by the Alaska Immunization Information System (VacTrAK) of the Alaska Department of Health and Social Services. I authorize release in the manner that I have requested. This information is to be released and sent to the following:			
<input checked="" type="checkbox"/> School <input type="checkbox"/> Daycare/Childcare center <input type="checkbox"/> Self (Records will be sent to you only if it is your record and you are over 18 years of age)			
Recipient/To the Attention of: Amber Cunningham		Name of Organization: Bering Strait School District	
Fax record to fax number: (907) 624-3447		Phone number: (907) 624-4289	
Address of School or Daycare/Childcare center: PO Box 225 Unalakleet, Alaska 99684			
Requestor's Signature:		Date:	

Once this form is completed, please print, sign and date. Send form along with a copy of supporting documents to VacTrAK via Fax or Mail.

Fax: 907-562-7802 ATTN: VacTrAK Records Request

Mail: Alaska Department of Health and Social Services
Division of Public Health, Section of Epidemiology
Alaska Immunization Program-VacTrAK
3601 C Street, Suite 540
Anchorage, AK 99503

If your records are found in our system we will send the records to the destination you requested above. If your records are not found in our system, we will contact you. VacTrAK may reach out to you via email for additional information on your request. **VacTrAK will not be able to process emailed vaccine record requests or send vaccine records via email.**



BERING STRAIT SCHOOL DISTRICT

PO Box 225 Unalakleet, Alaska 99684

Phone: (907)624-4289

HEALTH CARE EMERGENCIES

Parents/Guardians:

If an accident or illness occurs, the Bering Strait School District will attempt to notify the parent/guardian. If we cannot reach you, we will attempt to notify the alternate emergency contact that you provide. However, please complete the following Authorization for Emergency Medical Treatment. This authorization can be used to obtain emergency medical care for your child if you cannot be reached.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, _____, parent/guardian of _____, consent to emergency transportation, medical treatment, care or hospitalization as deemed necessary for the welfare of my son/daughter by the local health care provider, in the event an injury or illness occurs while my son/daughter is at school or a school sponsored activity. I understand that the School District will assume no liability or costs for such emergency transportation and medical treatment.

Parent/Guardian Signature

Date

Survey Administration Release Form

Under current law, Chapter 63, SLA 99, school districts are required to obtain written permission for any survey or questionnaire that will be administered during the upcoming school year. Notification and opportunity for review of any survey will occur no less than two weeks prior to administration. The Bering Strait School District encourages you to review at that time the survey for content and appropriateness.

Currently, the Bering Strait School District is planning implementation of the following surveys during the 2023-2024 school year. Notification of any additional survey instruments will be given as soon as possible.

- Educational Technology Usage Survey
- AASB Climate Survey
- Youth Risk Behavior Survey
- Student Surveys on District Educational Programs
- Seasonal Work Questionnaire (Migrant Education)
- Life Track Graduation Survey
- Permission to Videotape (Teacher Performance Review)

I understand that as a parent or legal guardian of this student, I may review any of the above survey instruments and determine the appropriateness of the survey in relation to my student. I can remove my student from the survey administration.

Name of Student: _____

Grade of Student during the 2023-2024 school year: _____

Printed Name of Parent/Legal Guardian: _____

Signature: _____

() I give my approval to administer surveys to my child this year. I understand that I may review the survey to be given no less than 2 weeks prior to administration, and I may remove my child at that time if I wish.

() I DO NOT give my approval to administer any survey to my child during the 2023-2024 school year.



Bering Strait School District HEALTH HISTORY FORM

PLEASE COMPLETE FOR ALL NEW-TO-DISTRICT, PRESCHOOL, KINDERGARTEN OR AS NEEDED FOR
OTHER GRADES TO UPDATE NEW/EXISTING HEALTH CONCERNS.

LAST NAME	FIRST NAME	DATE OF BIRTH:
SCHOOL:		GRADE

MEDICAL HISTORY

☐ YES ☐ NO Does your child have any health concerns?
If yes, please describe: _____

☐ YES ☐ NO Does your child have restrictions to participate in any activities?
If yes, please describe: _____

☐ YES ☐ NO Does your child have any allergies?
If yes, please list allergies: _____

☐ YES ☐ NO Do your child have asthma?
If yes, please describe triggers: _____

☐ YES ☐ NO Does your child have diabetes?
*** See bottom of page to list any medications***

☐ YES ☐ NO Does your child have a heart condition? If yes, please describe: _____

☐ YES ☐ NO Does your child have a bleeding disorder? If yes, please describe: _____

☐ YES ☐ NO Does your child have a history of seizures or any other type of neurological disorder? Please describe: _____

☐ YES ☐ NO Does your child have any gastrointestinal concerns/issues with eating?
If yes, please describe: _____

☐ YES ☐ NO Does your child have any bowel or bladder concerns? If yes, please describe: _____

☐ YES ☐ NO Does your child have behavioral, emotional, or mental health concerns?
If yes, please describe: _____

☐ YES ☐ NO Does your child have vision concerns? ☐ GLASSES ☐ OTHER _____

☐ YES ☐ NO Does your child have any hearing concerns? ☐ HEARING AID

☐ YES ☐ NO Does your child currently take medications? If so, please list: _____

If you have checked "YES" to any of the items in the health history form, medical documentation must accompany this form.

DO ANY PRESCRIBED MEDICATIONS NEED TO BE ADMINISTERED OR AVAILABLE AT SCHOOL?

☐ Epi-Pen ☐ Albuterol Inhaler ☐ Seizure Medication ☐ Diabetic Medications ☐ Prescribed

Medication: _____	Dosage: _____	Time Given: _____
Medication: _____	Dosage: _____	Time Given: _____
Medication: _____	Dosage: _____	Time Given: _____

Bering Strait School District
HEALTH HISTORY FORM (CONTINUED)

PLEASE COMPLETE FOR ALL NEW-TO-DISTRICT, PRESCHOOL, KINDERGARTEN OR AS NEEDED FOR OTHER GRADES TO UPDATE NEW/EXISTING HEALTH CONCERNS.

MY CHILD WILL REQUIRE THE FOLLOWING PLAN OR TREATMENT AT SCHOOL: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergy Action Plan | <input type="checkbox"/> Asthma Action Plan | <input type="checkbox"/> Seizure Action Plan |
| <input type="checkbox"/> Diabetic Care Plan | <input type="checkbox"/> Other treatment required | <input type="checkbox"/> NONE |

ACTION PLAN:

PARENT ACKNOWLEDGEMENT

The school principal must be notified if any medications need to be given during the school day. State law requires written authorization from a health care provider and parent before any prescription medication can be given at school, including self-carry medication. Medication(s) must be delivered to the school by a parent/guardian in a pharmacy labeled container. Homeopathic and herbal remedies cannot be given at school.

My signature below is acknowledgement that the information provided is current and correct. I have reviewed the health history form and understand that it is my responsibility to notify the school when my child's health information has changed.

PARENT/GUARDIAN NAME (PRINTED)	RELATIONSHIP TO CHILD	TELEPHONE NUMBER
PARENT/GUARDIAN (SIGNATURE)		DATE

Income Declaration for Title I & E-rate 2023-2024

Bering Strait School District
PO Box 225
Unalakleet, AK 99684

Dear Parent,

The following information is needed by our school. This information will be used for the E-rate program to determine our school discount for telephone and internet. It is also needed to meet federal and state laws for Title I-A, and may be used to qualify for additional grants. (This table is from the Alaska Income Eligibility Guidelines for Free and Reduced Meals, but does **not** determine Free and Reduced Lunch eligibility.)

Please check the row that best describes your family's annual income level (including all taxable income).

Yearly Income

<input type="checkbox"/> \$28,860 or less
<input type="checkbox"/> \$28,861-\$39,091
<input type="checkbox"/> \$39,092-49,321
<input type="checkbox"/> \$49,322-\$59,552
<input type="checkbox"/> \$59,553-\$69,782
<input type="checkbox"/> \$69,783-80,013
<input type="checkbox"/> \$80,014-\$90,243
<input type="checkbox"/> \$90,244-\$100,474
<input type="checkbox"/> more that \$100,475

Number of people who live in your household: _____

Physical Address: _____

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

Name (Last, First)	Grade	School

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



BERING STRAIT SCHOOL DISTRICT
PO Box 225
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Home Internet Access (Digital Equity)

Name of Student: _____

Other school age children in the same household:

1. Do you have internet at home? (Please circle one)

Yes

No

2. Which electronic device does the student most often use to complete schoolwork at home?

Chromebook

Laptop Computer

Desktop Computer

Tablet (iPad, Windows surface)

Smartphone

Other

None

3. Of the student has a device, is it personally owned by your or school provided? Is primary learning device shared with anyone else in the household?

Personal-Not Shared

School Provided-Not Shared

Personal-Shared

School Provided-Shared

No Device



HOME LANGUAGE SURVEY

SCHOOL DISTRICT _____

Dear Parents/Guardians:

To make sure that all students receive the education services they need, the law requires us to ask questions about students' language backgrounds. The answers to Section A below will tell us if a student's proficiency in English should be evaluated and help us to ensure that important opportunities to receive programs and services are offered to students who need them. The answer to Section B below will help us communicate with you regarding the student and all school matters in the language you prefer.

STUDENT INFORMATION:

Student Name: _____ Sex: ☐ Female ☐ Male Alaska Student #: _____

Date of Birth: ____/____/____ School: _____ Grade: _____
Month Day Year

Place of Birth: _____ Participating in a student exchange program? ☐ Yes ☐ No

Has the student received formal education outside of the US? ☐ Yes ☐ No

If yes, circle grades completed outside of the US: K 1 2 3 4 5 6 7 8 9 10 11 12

If yes, what was the Language of Instruction? _____

SECTION A: LANGUAGE BACKGROUND

1. What is the primary language used in the home (*regardless* of the language spoken by the student)?

☐ English ☐ Other _____

2. What is the language most often spoken by this student?

☐ English ☐ Other _____

3. What is the first language this student learned to speak?

☐ English ☐ Other _____

SECTION B: COMMUNICATION PREFERENCES

1. In which language do you prefer to receive school communication?

☐ English ☐ Other _____

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Signature: _____ Phone: _____

Printed Name: _____ Date: _____

Information about schools' civil rights obligations to English learner students and limited English proficient parents can be found on [USED's Office for Civil Rights webpage](http://www2.ed.gov/about/offices/list/ocr/ellresources.html) (www2.ed.gov/about/offices/list/ocr/ellresources.html). If you have questions about this form or about services available to your child, please contact your district or school at: _____

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal MembershipThe individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparentIf the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____



Bering Strait School District

PO Box 225
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MIGRANT EDUCATION PROGRAM SEASONAL/WORK/ACTIVITY ELIGIBILITY SCREENER

Please complete the information below to see if your child is eligible for Migrant Education services.

STUDENT NAME: _____

DATE OF BIRTH: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Phone number: _____ ALTERNATE PHONE: _____

1. Within the past three years, has anyone in your family engaged in any of the following activities:

_____ Commercial fishing or other fishing activities (including shrimping, crabbing, and clamming) for the purpose of producing food for your family's use and needs.
_____ Subsistence fishing
_____ Agriculture (i.e. berry picking)
_____ Logging (with a logging company)
_____ Fish processing (cannery work)
_____ None of the above

If you did not check at least one activity, please stop.



2. Did the activity require camping at least 20 miles away from your residence?

_____ YES _____ NO

3. Is the activity an economic necessity for your family, meaning you need the income, harvest, or catch to meet your household's basic needs?

_____ YES _____ NO

NOTE: This form does not enroll your child(ren) into the BSSD Migrant Education Program. Eligibility is determined is based on an interview with a Migrant Education Recruiter. Please be prepared to provide details regarding the activity, including dates, location, gear, and catch/harvest.

Bering Strait School District

Photo/Video Release Form

Dear Parent/Guardian:

Throughout the school year, there may be times when Bering Strait School District (BSSD) staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audio/videotape students, or interview students for school-related stories in a way that would individually identify a specific student.

I, Parent/Guardian of _____, grant unto my child's school and to the Bering Strait School District the permission to use my child's photographs and/or videotaped image for the purposes mentioned above. I understand and agree that BSSD may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing.

Furthermore, I hereby consent that such photographs, films, recordings, projects, and tapes are the property of the school, and they shall have the right to distribute, duplicate, reproduce, and make other uses of such photographs, films, recordings, projects, and tapes as they desire free and clear of any claim whatsoever on my part.

Please check the appropriate box:

☐ **I DO give my permission to you to include my child's image on videotape or photos as he or she participates in class conducted at Bering Strait Schools.**

☐ **I DO NOT give my permission to videotape my child or to reproduce materials that my child may produce as part of classroom activities.**

Signature of Parent/Guardian: _____

Date: _____

BSSD World Wide Web Permission to Publish Form



Dear Parents/Guardians;

As part of your son's/daughter's educational program, (s)he will have the opportunity to publish documents and projects on the World Wide Web (WWW). These documents might include a personal home page, a story or poem, a graphic, a science or research project, or a collaborative project with other students locally or internationally. Individuals with Internet access around the world will be able to view and possibly respond to your child's work by electronic mail. We think this is an exciting and enriching opportunity for our students.

We will publish these documents only with your written permission. Please consider the following options, then sign and return this form to your child's teacher. Thank you for your cooperation.

BSSD Guidelines:

- * Published documents may not include a child's phone number, street address or box number, or names of other family members;
- * Documents may not include any information which indicates the physical location of a student at a given time other than attendance at a particular school or participation in school activities;
- * Documents may not contain objectional material or point directly or indirectly to objectional material;
- * Documents must conform to school board policies and established school guidelines.

Additionally, documents must be edited and approved by a referring teacher and school principal before publication.

Parent/Guardian Permission:

I grant permission for my son/daughter, _____, to publish documents on the World Wide Web as described above, including the following: (initial all that apply)

First Name

Last Name

Photograph

Return e-mail address

I grant permission for my son/daughter, _____, to publish documents as described above.

Parent/Guardian signature: _____

Date: _____

Bering Strait School District Internet and Electronic Mail Student Agreement



Dear Parent or Guardian,

We are pleased to be able to offer students in the Bering Strait School District access to the District computer network for electronic mail and Internet access. To obtain an electronic mail account and Internet access, all students must obtain parental permission and must sign and return this form to the school office.

Access to e-mail and the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Students will also be able to view the work of other students across the world and participate in cooperative projects, while providing the possible opportunity to post their own work or projects for others to see.

District Internet and E-Mail Rights and Responsibilities

Internet access and e-mail usage is a privilege not a right, therefore students are ultimately responsible for proper behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school and district rules for behavior and communications apply. The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Parent permission is required and students who do not have such permission are responsible for not accessing the Internet at school. Access is a privilege, not a right.

Access entails responsibility. Individual users of the District computer networks are responsible for their behavior and communications over those networks. It is expected that users will comply with District standards and will honor the agreements they have signed. Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on District servers will always be private. Within reason, freedom of speech and access to information will be honored. During school, teachers will guide students to appropriate materials.

The following are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting or attacking others
- Violating copyright laws
- Using another's password
- Trespassing in another's folders, work or files
- Employing the network for commercial purposes
- Deliberate damage to hardware or software
- Use of District computers for illegal activities

Violations may result in a loss of access as well as other disciplinary or legal action.

User Agreement/Parent Permission Student Form

Please return this page to the school

The Bering Strait School District is not liable for any harm or injury that a user may suffer as a consequence of any inaccurate information the user may obtain through the Internet and Electronic Mail Services. By entering into this User Agreement, the user agrees to be bound by this release of liability and waives any and all rights to assert claims which may arise due to use of these electronic services.

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As a user of the Bering Strait School District computer network, I hereby agree to comply with the rules stated on the reverse side of this form regarding communications over the network, while honoring all relevant laws and restrictions.

STUDENT

Student Name (Print): _____

School/Location: _____

Student Signature: _____

Date: _____

As a parent or legal guardian of the minor student signing above, I grant permission for my student to access networked computer services such as electronic mail and the Internet. I recognize it is impossible for the Bering Strait School District to restrict access to all controversial materials. I hereby give permission for my child to access the Internet and to publish information on web pages (except for home addresses and phone numbers) and certify that the information contained on this form is correct. This permission shall be in effect as long as this student is enrolled in the Bering Strait School District. I may at any time revoke this permission by notifying the student's school in writing.

PARENT OR GUARDIAN

Parent/Guardian Name(Print): _____

Parent/Guardian Signature: _____

Date: _____