



St. Louis Public Schools
TECHNOLOGY USAGE

District network/Internet access and assignment of e-mail account

School Year: 2024-2025

Student Agreement

I have read the St. Louis Public School District Technology Usage Policy, administrative regulation, and guidelines and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me, including but not limited to suspension or revocation of my access to district technology, and suspension or expulsion from school.

I understand that my use of the District's technology is not private and that the school district may monitor my use of district technology, including but not limited to accessing browser logs, e-mail logs, and any other history of use. I consent to teacher-monitoring of my activities on the District network or the Internet. I consent of district interception of or access to all communications I send, receive or store using the District's technology resources, pursuant to state and federal law.

Signature of Student _____

_____ Date

Printed Name (print clearly) _____

Home Address: _____

Home Phone Number: _____

Signature of Parent/Guardian _____

_____ Date

Implemented: _____

Name

_____ Date



St. Louis Public Schools Media Release Form

I understand the photograph(s) or video or audio recording(s) taken of my child by agents, employees or representatives of the Saint Louis Public Schools (hereinafter called "SLPS") shall be used in connection with the SLPS's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the SLPS to copy, exhibit, publish or distribute any and all such images and audio of my child or wherein he or she shall appear, including composite or artistic forms and media, for purposes of publicizing SLPS programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my child's likeness appears.

I hereby hold harmless and release and forever discharge the SLPS from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my or my child's behalf, may have by reason of this authorization.

Child's Legal Name

Birthdate

I hereby certify that I am the parent or guardian of, the minor named above, and do hereby give my consent without reservations to the abovementioned.

Signature

Date

Printed Name



NEW AND RE-ENTRY STUDENT REGISTRATION INFORMATION

PARENTS/GUARDIANS PLEASE READ: Please fill out this form completely and present it with your student's required documents to the SLPS representative when completed.

Please Print

Person Completing Form: Parent Guardian Student Other

STUDENT NAME LAST FIRST MIDDLE

ADDRESS HOUSE NUMBER STREET NAME APT # ZIP CODE 631 TYPE (St, Ave, Ln, etc)

GRADE SEX RACE BIRTHDATE MONTH DAY YEAR HOME TEL# AREA CODE

EMERGENCY # AREA CODE EMERGENCY CONTACT AREA CODE

HEALTH CARE PROVIDER DCN/Medicaid #

SCHOOL AND DISTRICT WITHDRAWAL DATE LAST ATTENDED

MOTHER/GUARDIAN NAME

MOTHER/GUARDIAN EMAIL CELL PHONE # AREA CODE

FATHER/GUARDIAN NAME

FATHER/GUARDIAN EMAIL CELL PHONE # AREA CODE

ALL of the following questions MUST be completed in accordance with Missouri Department of Education guidelines

- What was the student's first language?
• Which language(s) does the student use (speak) when at home or with others?
• Which language(s) does the student hear at home and understand?
• Has student ever received special education services?
• Is student currently in Missouri Children's Division (DFS) custody, or residing in a foster home/residential facility?
• Have you or a member of your family moved with a child or children within the past 3 years to seek or obtain a temporary or seasonal agricultural, landscaping, or food processing job?

If "Yes," moved from to
Presently, where is student living? Please check only one box.
In permanent, stable housing with parent(s)
In a shelter
With more than one family in a house or apartment
With friends or family members (other than parent/guardian)
In a motel, car, campsite or temporary housing

Missouri Safe Schools Act Disciplinary Information: (Providing false disciplinary information is a Class B misdemeanor.)

- Is student presently under suspension or expulsion from another school or district for violating school board policies relating to weapons, alcohol, drugs, willful infliction of injury to another person?
• Has student been charged or convicted of any felonies?

PARENTS/GUARDIANS PLEASE READ. By signing below I understand I must personally provide residence verification, immunization records, and birth records to my child's assigned school to complete my child's registration, and failure to present the required documents and paperwork will result in denial of enrollment.

X SIGNATURE OF PARENT / GUARDIAN DATE

NEW STUDENT ENROLLMENT VERIFICATION FORM

Please return this form to the school at enrollment/registration

Parent/Guardian Signature _____ Date _____

Student Last Name: _____ First Name: _____ Middle Name: _____

Student Birthdate: _____ Gender: _____ Race: _____

Eth: _____ Gr: _____

Home Phone Number (s): _____

911 Address: _____

Primary Parent/Guardian Information

Parent: _____ Relationship: _____ Marital Status: _____

Cell Phone: _____ Email Address: _____

Employer: _____

Work Phone: _____ Work Email: _____

Spouse: _____ Relationship: _____

Cell Phone: _____ Email Address: _____

Employer: _____

Work Phone: _____ Work Email: _____

Mailing Override: _____

Alternate Parent Information: _____

Emergency Contact Information

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Siblings Attending School in District

Name: _____ Age: _____

Primary Enrolled Site: _____



Parent Portal

Please fill out this form and include all names of children at this school you would like Parent Portal access to:

Student Name (first and Last)	School	Grade

Please provide an email address to be used for Parent Portal and student information notifications.

Parent name: _____

Parent's E-mail _____

Parent name: _____

Parent's E-mail _____

I understand it is my responsibility to protect my Parent Portal password. I should not share my password with my children. I understand that the Parent Portal system may not be available 24 hours a day due to maintenance on the computer network, weather related interruptions, etc.

Parent Signature(s)

Printed Name(s)

Date

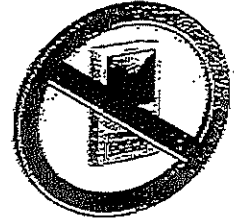
You will need to show your driver's license for verification when you turn this form into the office. If you send this form to the office you will need to include a copy of your driver's license along with the form.

After your form is processed, you will receive an e-mail listing your sign-on information and password.

Dewey's Cell Phone Permission Form

In order for students to be allowed to bring a cell phone to school, the below cell phone policy must be reviewed and signed by the parent and child. This completed document must be submitted to the classroom teacher.

Dewey's Cell Phone Policy



- ❖ Dewey is not responsible for cell phones or other electronic devices brought to school. It is recommended that these devices remain at home. Cell phones, cameras, or other recording devices may not be utilized on school property unless the teacher or administration provides written permission.
- ❖ Parents may want their child to have a cell phone for emergencies at the bus stop or while their child is traveling to and from the bus stop. Parents will review Dewey's expectations for electronic devices and acknowledge receipt and understanding of the expectations.
- ❖ Students that choose to bring a cell phone must turn the phone off and keep it in a secure location at all times while on school property, including the bus.
- ❖ Students that utilize their electronic device on school property, including the bus, will be subject to disciplinary action. This includes making calls, sharing files or images, or recording other students or staff members. *(Students attending school that need to call a parent for emergencies, may use the office phone with permission.)*
 - First offense: warning and confiscation of the phone, to be stored in the office safe until the conclusion of the school day. The phone will be returned to the student and the parent will be contacted by the classroom teacher.

Dewey's Cell Phone Permission Form

- **Second offense:** confiscation of the phone, to be stored in the office safe, and parents will be responsible for retrieving the item. Parents will be contacted by the office administration.
- **Third offense:** confiscation of the phone, to be stored in the office safe, the student will no longer be allowed to bring an electronic device to school and additional consequences may be given according to the District Code of Conduct Book. A parent will be responsible for retrieving the device from the office.

If a student continues to bring an electronic device to school after the third documented offense, the student will be given an additional consequence according to the District Code of Conduct Book.

If a student refuses to provide the electronic device to the staff member, the parent will be contacted and the student will be given an additional consequence according to the District Code of Conduct Book.

I, _____, give my child, _____, permission to bring a cell phone to school and I understand and will abide by the above stated policy.

Parent name: (Print) _____

Student name: (Print) _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Dewey International Studies

Authorized Pick-Up List

Please list all adults (18 or older) who are authorized to pick up your child from Dewey International Studies. This list should include any spouse, parents/guardians, family members, friends, etc. authorized to pick up your child. **Your child will only be released to adults you list on this form.** Photo identification will be required at pick-up.

If you choose to add/delete to your pick-up list in the future, you must come to the office and update this form. **You may not add to the list by phone or written note.**

Student Name: _____

Name of Adult	Relationship	Phone Number
(spouse if applicable)		

Parent Name(Print) _____ Date: _____

Parent Signature: _____ Phone _____

**DEWEY INTERNATIONAL STUDIES SCHOOL
CONSENT FOR RELEASE OF STUDENT RECORDS/INFORMATION**

The Missouri Safe Schools Act, (HB 1301 & 12981 Section 167.020.7 states, within 48 hours of enrolling students, the school official enrolling the student (including any student receiving special education services), shall request records required by district policy for student transfer and those discipline records required by sub-section 7 or section 160.231 RSMo, from all schools previously attended by the student within the last twelve months. Any public school district that receives a request for records from another school shall respond to such request within 5 business days upon receiving a request. Based on the language of the Safe Schools Act, the District may not hold the records until fees are paid. Violation of this subsection is a class B misdemeanor and a civil action is authorized based upon a district's failure to comply.

Law does not require Parent/Guardian written release of schools records to other public education institutions, in which the student seeks or intends to enroll. This transfer is provided for in the Family Educational Rights and Privacy Act (FERPA). Parent/Guardian written permission is required for release of school records to Private or Parochial institutions.

Student Legal Name _____

Other Name Student is known by _____

Date of Birth _____ Grade _____

I hereby authorize the Dewey International Studies School to:

Release information to/or Receive information from:

Name of School or Agency: _____

Street: _____

City, State and Zip: _____

I authorize the release of the information indicated below:

- | | |
|--|--|
| <input type="checkbox"/> Withdrawal grades | <input type="checkbox"/> Current Psychological Social/Emotional Evaluation |
| <input type="checkbox"/> Transcripts (grades, test scores) | <input type="checkbox"/> Current Educational Evaluation |
| <input type="checkbox"/> Health/Medical Records | <input type="checkbox"/> Current Individualized Education Plan |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Other |
| <input type="checkbox"/> Discipline Records | |

Parent Signature _____

DEWEY INTERNATIONAL STUDIES SCHOOL
SCHOOL SECRETARY
6746 CLAYTON RD
ST. LOUIS, MO 63139
P: 314-645-4845 F: 314-244-1760