

GENERAL STUDENT INFORMATION

Student Name

FIRST _____ MIDDLE _____ LAST _____ (NICKNAME) _____

Preferred Pronouns: _____ Date of Birth (MM/DD/YY) _____

Student Email _____ Student Cell Phone _____

Which of the following groups describes student's race? (optional, used only for educational demographic reporting)
Black/African American Asian Caucasian Latino or Hispanic Native American Other _____

The student's parents are: married divorced separated civil union single

The student lives with: (circle all that applies)
both parents father mother guardian (relationship to student _____)

Parent/Guardian Information (List ALL legal guardians)

Household #1

Address _____

Home Phone _____

Name _____

Name 2 _____

Relationship to Student _____

Relationship to Student _____

Email _____

Email

Cell/ work phone _____

Cell/work phone _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Household #2

Address _____

Home Phone _____

Name _____

Name 2 _____

Relationship to Student _____

Relationship to Student _____

Email _____

Email

Cell/ work phone _____

Cell/work phone _____

Employer _____

Employer _____

Occupation _____

Occupation _____



EMERGENCY INFORMATION FORM

Health Concerns

Asthma? YES NO Treatment _____

Allergies? YES NO Allergic to _____

Symptoms _____

Treatment _____

(Contact the office if your student requires EpiPens® or other emergency medication on hand.)

Other conditions: _____ Prior head injury? YES NO Date _____

Current medications and dosages: _____

Emergency Contacts and Authorization for Care

In the event that the school cannot reach parents and guardians, we request at least one emergency contact who is authorized to grant permission for emergency medical treatment for your student.

#1: Name _____ Relation to student _____

Home phone _____ Cell/work phone _____

#2: Name _____ Relation to student _____

Home phone _____ Cell/work phone _____

As a parent or legal guardian of _____, I hereby authorize September High School ("School"), at my expense, to authorize medical care, take my student to a physician of the School's choice, and to consent to any x-ray examinations, anesthetic diagnoses, medical or surgical treatments deemed necessary in the event that I or the persons listed above cannot be reached by telephone. I acknowledge that the School would not intentionally act negligently and hereby release the School from any claims that I may have as a result of any emergency treatment for the above named student. This permission is in effect for the duration of my child's enrollment at the School.

Signature _____ **Date** _____

(If permission is not given, it may affect your student's participation in off-campus activities.)



Physician and Insurance Information

This information is required if the school is authorized to administer emergency care.

Student's physician _____ Physician phone _____

Student's dentist _____ Dentist phone _____

Hospital preference (if any) _____ Health insurance carrier _____

ID number _____

ID Group number



AUTHORIZATION FOR ADMINISTRATION OF MEDICATIONS

Student _____ Grade _____

Students are to be cared for at home if illness or injury prevents them from full participation at school. However, when a student could benefit from symptomatic relief of minor health issues, the following over-the-counter (OTC) medications may be available during the school day or on school-sponsored trips. **State law requires written parental permission before these medications may be administered.** This parental authorization applies to all on and off-campus activities. Generic and some brand names are listed, although different brand names may be substituted.

The school does not keep Epi-Pens® or inhalers. Please coordinate with the office if your student needs these devices.

If you want your student to receive OTC medication, write "YES" next to the medications that the school is authorized to administer. Write "NO" next to medications that you do not want your student to receive.

Please contact the office to set up prescription medication.

Use Authorized by Parent

- For prevention of wound infection: Antibiotic (Neosporin topical ointment) _____
- For cough: Cough drops (oral anesthetic lozenge) _____
- For allergic reactions: Diphenhydramine (Benadryl syrup) _____
- Chlorpheniramine maleate (tablets) _____
- Hydrocortisone (topical cream) _____
- Antihistamine (eye drops) _____
- For pain: Ibuprofen (tablets) _____
- Acetaminophen (tablets) _____
- For indigestion: Antacid (tablets) _____
- For diarrhea: Loperamide Hydrochloride (Imodium tablets) _____

I authorize faculty and staff to dispense the above authorized OTC medications, under the direction of written physician orders, as needed for my student. This permission is in effect until my student is formally withdrawn from September School.

PARENT OR GUARDIAN SIGNATURE

DATE

Fill out latest State of Colorado Immunization Certificate:

<https://drive.google.com/file/d/0B1APzFY8UYR6N0IyX19iVTVmdTg/view>

OR, *fill out a medical exemption form:*

<https://drive.google.com/file/d/13ev2UIQ7e1SP1mCEOndvuA9Lj0Efcvzc/view>

OR *fill out a non-medical exemption form:*

<https://drive.google.com/file/d/0B0tmPQ67k3NVY2JzRTVOZ0Q1eTA/view>



WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the September High School program, field trips, and related events and activities, the undersigned:

- 1) Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their actions and inactions, but the action and inaction of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
- 2) Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
- 3) Release, waive, discharge and covenant not to sue September High School, its respective administrators, directors, agents, teachers, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leaseholders of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any liability to the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the releases, even if it could be shown that the releases acted in a negligent manner.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Printed name of Student / Participant: _____

Signature of Student / Participant _____ Date _____

Printed name of Parent(s) // Guardian: _____

Printed name(s) of Parent(s)/ Guardian _____ Date _____



September High School Technology Use Agreement

I, _____(print student name), understand that my use of the September High School computers and other technology provides me with an opportunity to access information through the Internet and technology for learning.

In order to protect the property and liability of the school, I agree to:

1. Not use **ANY FOOD OR ANY DRINK** near any of the classroom computers.
2. Not to move, damage or deface the computers, tables, chairs, etc.
3. Not log on to anyone else’s account unless specifically authorized by the administration.
4. Not use September School technology, including email, for inappropriate communications.

I will not:

1. Upload any software licensed to SEPTEMBER SCHOOL without prior authorization.
2. Download or install any software that is not registered with September High School (including browser extensions)
3. Use the school’s computers to look at inappropriate web sites, which include, but are not limited to, pornographic or illicit drug sites.
4. Deliberately propagate any virus, worm, trojan, trap-door program code or any code that can interfere with the operation of the network.
5. **Knowingly disable or overload any computer system or network, or circumvent any system intended to protect the privacy, functionality, or security of another user. This includes logging in as another identity to use the computer network.**

I understand that if I violate any of these agreements, I may lose temporary or permanent privileges to use the computers in the future. September School reserves the right to audit all computer usage and communication. The school reserves the right to charge families for broken or damaged technology caused by students.

Student signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____



COMMUNITY POLICIES & STATEMENT OF AGREEMENT

Please initial where indicated on each policy and sign the final statement indicating your agreement. If there are any policies you have concerns about, or are unwilling to agree to, please contact the school to discuss your concerns or needs.

BEHAVIOR POLICY

September High School is committed to creating a community that is inclusive, engaging, and safe. We encourage one another to help our community thrive through practicing and modeling behavior that is respectful of all of our community members.

Behavior in class should not interfere with anyone’s learning. This includes behavior that is intimidating, threatening, or harassing. Should a student’s behavior be disruptive, that student may be asked to leave class. Should the disruptive behavior continue, the student may be asked to withdraw from the class temporarily or permanently. Tuition will not be refunded.

Student Initials _____ Parent Initials _____

CLASSROOM ATTENDANCE POLICY

Student assessments and corresponding grades are determined from a combination of class participation, effort, assigned class work, homework and assessment (test) scores. Poor attendance, excused or unexcused, may result in a lower grade, reduced credit, or being asked to withdraw from class.

Student Initials _____ Parent Initials _____

CELL PHONE and PERSONAL MUSIC DEVICE POLICY

Cell phone use while class is in session – whether talking or using text messaging – is prohibited. We request that the student respect their fellow students, their instructor, and themselves by not allowing this distraction during classes and presentations. September High School staff may ask to keep a cell phone for the duration of a class period if a student is unable to refrain from its use. Exceptions can be made at the discretion of the instructor.

Use of Personal Music Devices (ipods, MP3 players, music-enabled cell phones) is generally not allowed in the classroom. However, some students may **request** use of these devices during individual study time if they find it is helpful for their concentration and if it does not disturb other students.

Student Initials _____ Parent Initials _____

SUBSTANCE POLICY

Use, possession of, or being under the influence of alcohol, illegal drugs, or possession of any drug paraphernalia may result in the following: (Please see the Parent Handbook for a more detailed review of the Substance Abuse Policy).

- Removal from the classroom program. A parent or guardian will be contacted to transport the student home.
- School consequences may include community service, loss of open lunch privileges, and regular check-in responsibilities throughout the school day.
- Student may be suspended from the September High School campus for a determined length of time.
- Contacting police or filing a police report may be necessary depending on the severity of the use, possession, or influence the student is under.
- Expulsion from September High School.

Student Initials _____ Parent Initials _____



SMOKING POLICY

Consistent with Colorado law, smoking is prohibited at September School. Smoking and the use of tobacco products on and around school grounds is not permitted at any time. Students and staff shall not use tobacco products within sight of the September School campus nor any school sponsored events.

Student Initials _____ Parent Initials _____

THE FOLLOWING ITEMS ARE NOT PERMITTED ON SEPTEMBER HIGH SCHOOL PROPERTY:

- | | | |
|--|--------------------------|----------------------------|
| Illegal Drugs and Paraphernalia | Fireworks / Firecrackers | Explosives and Accelerants |
| Guns | Ammunition | Knives |
| Other weapons/items determined to be unsafe by SHS staff | | |

If a student is suspected of having these items on their person or within their personal property on the September High School campus, staff reserve the right to request a search of the student’s property to secure the items. For the safety of all within September High School’s community, any objectionable item found will be confiscated by administration and returned to its owner only with parental permission and consent. At the discretion of the Principal, some items may be destroyed.

Student Initials _____ Parent Initials _____

SEPTEMBER HIGH SCHOOL FIELD TRIP POLICIES

PARTICIPATION

September High School Trips are opportunities for unique experiences that offer challenge within a physically, emotionally, and psychologically safe environment. Students are expected to participate in activities and demonstrate cooperation and respect for the group, the environment, and themselves. By initialing below, we understand that unsafe, intimidating, threatening, disrespectful or harassing behavior that inhibits other students and staff from participating in activities may result in removal from the trip.

Student Initials _____ Parent Initials _____

ACTIVITIES

Activities that students may participate in during fall, winter, and spring trips include, but are not limited to: hiking, biking, overnight outdoor camping, orienteering, outdoor survival skill instruction, rafting, canoeing, kayaking, horseback riding, swimming, tobogganing, ice skating, low and high ropes initiative courses, yoga and guided meditation. There may be additional agreements to read and sign from outside contract agencies that provide these activities. By initialing below, we agree that these activities are considered September High School activities and are covered by the general liability waiver.

Student Initials _____ Parent Initials _____

IF STUDENTS ARE REMOVED FROM THE TRIP FOR DISCIPLINARY REASONS

In the event that a student must be removed from the trip for any disciplinary purpose, a parent/guardian will be contacted to arrange for transportation home. September High School will not be responsible for arranging or providing transportation. We understand that trip fees will not be refunded to a student or student’s parent/guardian who are removed from a trip for disciplinary reasons.

Student Initials _____ Parent Initials _____



We understand the policies outlined in this statement and agree to help make September High School a thriving community by adhering to these policies. We understand that tuition and fees will not be refunded if a student is removed from September High School classes for violation of September High School policies and that tuition will continue to be assessed through the contracted term of enrollment.

STUDENT NAME (PRINTED)

PARENT OR GUARDIAN NAME (PRINTED)

STUDENT SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE

DATE



PHOTO & VIDEO RELEASE FORM

Permission to take and use photographs & video

I grant to September High School, 96 Arapahoe Ave, Boulder, CO 80302, the right to take photographs and videos of _____ (student's name), while they are participating in school events and activities that occur for the duration of their enrollment. Further, I authorize September High School, its assigns and transferees, to copyright, use and publish the same in print and/or electronically.

I agree that September High School may use such photographs and video of _____ (student's name), with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Internet content such as social media.

I have read and understand and

- authorize the above
- do **not** authorize the above.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

