

2021-2022 Freeman Academy Registration Form

Please provide as much of the following information as possible. This is a multi-student form, so please fill out ONE per family.

Please provide EACH student's full name (First, Middle and Last) and Birth Date (MM-DD-YY)

Student #1 Name	<input type="text"/>	Student #1 Birth Date	<input type="text"/>
Student #1 Email	<input type="text"/>	Student #1 Cell Phone	<input type="text"/>
Student #2 Name	<input type="text"/>	Student #2 Birth Date	<input type="text"/>
Student #2 Email	<input type="text"/>	Student #2 Cell Phone	<input type="text"/>
Student #3 Name	<input type="text"/>	Student #3 Birth Date	<input type="text"/>
Student #3 Email	<input type="text"/>	Student #3 Cell Phone	<input type="text"/>
Student #4 Name	<input type="text"/>	Student #4 Birth Date	<input type="text"/>
Student #4 Email	<input type="text"/>	Student #4 Cell Phone	<input type="text"/>
Student #5 Name	<input type="text"/>	Student #5 Birth Date	<input type="text"/>
Student #5 Email	<input type="text"/>	Student #5 Cell Phone	<input type="text"/>

Family Information:

Mother's/Guardian's Full Name	<input type="text"/>	Land Line Phone	<input type="text"/>
Mother's Cell Phone	<input type="text"/>	Mother's Email	<input type="text"/>
Street Address	<input type="text"/>	Mailing Address	<input type="text"/>
City, State, Zip Code	<input type="text"/>		
Father's/Guardian's Full Name	<input type="text"/>	Land Line Phone	<input type="text"/>
Father's Cell Phone	<input type="text"/>	Father's Email	<input type="text"/>

Fill in ONLY if different from Mother's Address:

Street Address	<input type="text"/>	Mailing Address	<input type="text"/>
City, State, Zip Code	<input type="text"/>		

Consent for Medical Treatment

I am the parent/guardian of the above students who participate in extra-curricular activities for Freeman Academy. I hereby consent to any medical services that may be required, including the administration of over-the-counter medication (Ex: Tylenol, Advil, etc.) while said child(ren) is/are under the supervision of an employee at the Freeman Academy while participating in school sponsored activities, and hereby appoint said employee to act on my behalf in securing necessary medical services for any duly licensed physician or osteopath.

- Yes, my child(ren) may receive medical services
- No, my child(ren) may NOT receive medical services

Dispensation of Medication

Prescription drugs and over-the-counter medicine should, whenever possible, be dispensed by a parent or guardian. Freeman Academy acknowledges that its personnel have limited or no knowledge of administering medications to students. Freeman Academy can refuse to dispense medication to students. First aid materials can be found in the Administrative Office. Students who depend on medication in order to stay in school and whose parents cannot be present to dispense it, will follow this procedure:

1. Parents must have submitted a written request to the office in order for students to have prescription medication at school. This verification must include: 1) The Physician's order, 2) a parental release, and 3) the medication in the original, properly labeled container.
2. Prescription medication should be brought to the Administrative Office in the morning and the student may return when it is time to take the medication; **this is to be done under the supervision of a staff person or the eNurse.**
3. Non-aspirin products will be dispensed to students upon request, provided permission has been granted as indicated below.

- YES, I approve and grant permission for my child(ren) to receive medication under the guidelines explained above
- NO, I do not give permission for my child to take medication at school

Parental permission for Student(s) to be filmed

Consent is hereby granted to the Freeman Academy for the use of photographs, slides, or filming involving my child(ren). These may appear in various publications or presentations (e.g.: power point presentations, brochures, school web site, newsletters, etc.) Consent shall continue during the time my child(ren) is/are a student(s) at the Freeman Academy unless a new form is completed or I contact the school in writing.

- Approve
- Disapprove

Parental Permission for Activity/Field Trips

Consent is hereby granted for my child(ren) to participate in activity/field trips outside the school grounds as scheduled unless I advise the teacher differently, in writing. I understand that any activity/field trip will be supervised by a teacher who shall exercise due care and caution in providing for the safety of his/her pupils while on such activities/field trips.

- Approve
- Disapprove

Active Military Parent

Please indicate if either or both parents are **ACTIVE** Military (fully employed or will be deployed during the 2020-21 School year.)

- Active Duty Military Parent

Student Vehicle Registration

Please provide the following information:

- My student will not be driving a vehicle to school
- My student will be driving a vehicle to school

Make of vehicle Model Year Color Licence Plate #

MEDICAL INFORMATION

Medical Insurance Company

Policy Holder's Name

Insurance Company's Phone Number

Policy Number

Family Doctor Name & Clinic

Phone Number

Student #1: Date of last tetanus shot

Student #2: Date of last tetanus shot

Student #3: Date of last tetanus shot

Student #4: Date of last tetanus shot

Student #5: Date of last tetanus shot

Allergies to any medication (DO NOT include food allergies). *Please list child's name and medication that they are allergic to.*

Student #1

Student #2

Student #3

Student #4

Student #5

Any **major medical conditions** (ex: heart, blood pressure, diabetes, asthma, etc.) *Please list child's name and condition.*

Student #1

Student #2

Student #3

Student #4

Student #5

Medications taken on a daily basis (List both prescription and non-prescription). *Please list child's name and medications.*

Student #1

Student #2

Student #3

Student #4

Student #5

Food Allergies *Please list child's name and allergies*

Student #1

Student #2

Student #3

Student #4

Student #5

ANY OTHER allergies or conditions. *Please list child's name and condition/allergy.*

Student #1

Student #2

Student #3

Student #4

Student #5

STUDENT HANDBOOK

Each student and parent needs to read the [FA Student Handbook](#) and agree to the guidelines found within.

Parental/Guardian Consent: I have read and agree to follow the FA Student Handbook guidelines.

Parent/Guardian Name

Student Consent: I have read and agree to follow the FA Student Handbook guidelines.

Student #1

Student #4

Student #2

Student #5

Student #3

By entering your name, you are electronically signing this agreement.

TECHNOLOGY USE & CONSENT FORM

I, (Parent Name) agree to let the above mentioned child(ren) bring their personal mobile computing device for instructional use at Freeman Academy. I understand that the student(s) named above will be permitted to use their personally owned device(s), subject to the conditions in this document.

I understand that if I agree to allow my student to use their own device that Freeman Academy (FA) is not responsible for any device or data loss, theft, damage or other associated costs of replacement or repair incurred during the school day or at home as a result of use at FA. I understand that FA staff will be unable to store, support or troubleshoot student owned devices. The student(s) named above will take full responsibility for the device and will appropriately secure all devices when not in use.

I have verified my student is aware that all aspects of [Freeman Academy's Acceptable Use Policy for Technology](#) apply to the use and care of their personal device while on Freeman Academy property or while involved in a FA sponsored activity.

I understand that the purpose of allowing my student(s) to use their own device is to participate in teacher approved activities in support of the FA curriculum. Uses of these devices is for unrelated activities beyond or outside the FA educational program are prohibited.

Parental Consent

I have read the [FA Acceptable Use of Technology](#) policy. In consideration for the privilege of my child(ren) using the school's electronic communications system, and in consideration of having access to the public networks, I hereby release the school and its operator from any and all claims and damages of any nature arising from my child's(children's) use of, or inability to use, the system, including, without limitation, the types of damage identified in the school's policy and administrative regulations.

I understand that this access is designed for educational purposes. I recognize it is impossible for FO to restrict access to all controversial materials and I will not hold FA responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's(children's) use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Electronic Signature

Date

By entering your name, you are electronically signing this agreement.

Student(s) Acceptance

I agree to adhere to the FA guidelines presented in the [FA Acceptable Use of Technology](#) policy. I will utilize the device(s) for instructional purposes only while on the FA campus or FA network. I understand that my computer/technology use is not private and that the school will monitor my activity on the computer system and inspect inappropriate use of resources.

I have read the FA acceptable Use of Technology policy and agree to abide by these rules. I understand that violation of the policy may result in disciplinary action, including loss of technology privileges or legal action.

Student #1

Student #2

Student #3

Student #4

Student #5

By entering your name, you are electronically signing this agreement.

THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER FOR THE STUDENT(S) TO BE GIVEN A PASSWORD AND ALLOWED TO USE SCHOOL COMPUTERS AND TECHNOLOGY ON THE FIRST DAY OF SCHOOL.

Personally owned computing/network device registration form (Please list ALL Devices; for Device Type, please list make & model)

Student #1 Name

Device #1 Type Serial Number

Network/MAC Address for all network adaptors

Device #2 Type Serial Number

Network/MAC address for all network adaptors

Student #2 Name

Device #1 Type Serial Number

Network/MAC Address for all network adaptors

Device #2 Type Serial Number

Network/MAC Address for all network adaptors

Student #3 Name

Device #1 Type Serial Number

Network/MAC Address for all network adaptors

Device #2 Type Serial Number

Network/MAC Address for all network adaptors

Student #4 Name

Device #1 Type Serial Number

Network/MAC Address for all network adaptors

Device #2 Type Serial Number

Network/MAC Address for all network adaptors

TEXT ALERTS

In order to receive email-to-text alerts, please indicate the carrier (ex. AT&T, Verizon, etc.) and phone numbers you would like to receive text messages should there be an emergency/short notice release from school (snow day early release or other emergency).

Name, Phone Number & Carrier

Name, Phone Number & Carrier

AFTER-SCHOOL PROGRAM

In an effort to make sure the K-8th grade students on campus are supervised after their dismissal at 3:00, we provide an After-School Program. This group will meet in the AD building, first floor, in the classroom in the North-West corner and will be supervised by Mrs. Pidde from 3:00-4:00 PM.

Students eligible to be in the after-school room are: Athletes waiting for sports practice; Students waiting for the shuttle bus to Yankton; Students waiting for their older siblings to be dismissed at 4:00 PM. If your child is NOT in one of these categories, we expect them to be picked up promptly after their dismissal at 3:00 PM. Please pick up your child promptly at 3:00 PM if you are able. The after-school program is designed to assist families that have difficult transportation issues.

We will NOT be participating in the After-School Program and our students will be picked up at 3:00 PM

The following students WILL be participating in the After-School Program:

Student #1

Student #2

Student #3

Student #4

I authorize FA to release my child(ren) to the following designated person(s):

Name

Cell phone # Relationship to student

Name

Cell phone # Relationship to student

If you have additional students attending FA, please include ALL pertinent information here.

Additional comments or information.

Thank you so much for taking the time to fill in ALL possible information. Once completely filled out, please either:

Save an electronic file and e-mail to jhofer@freemanacademy.org as an attachment

OR

Print and mail a paper copy to:

*Freeman Academy
PO Box 1000, 748 S Main St
Freeman, SD 57029*

If you have questions, please feel free to call the FA Office at 925-4237.