YAAK SCHOOL

29893 Yaak River Rd. • Troy, Montana 59935
Classroom 406 295 4805 ~ *Office* 406 295 9311 ~ *Fax* 406 295 9597

2023-2024

UNIVERSAL PERMISSION FORM

FILL OUT AND RETURN this form by the end of the second week of instruction.
Students will not be able to use computers or other school equipment until this form is completed and returned to the main office.

Student Name:	Grade:

Parent/Guardian Name(s):

*E-mail:

*Provide your e-mail address if you would like to receive communication, such as letters, announcements, etc. from Yaak School via e-mail.

STUDENT HANDBOOK

The Yaak School Student Handbook is available from the Head Teacher. At the beginning of each year students of Yaak School review the Student Handbook. There are changes in the Handbook from year to year and students and parents should have a copy and review it regularly. The Handbook will answer many questions that you may have. Please read and discuss the information with your child so that you and your child understand our expectations at Yaak School.

I have read and understand the contents of the Yaak School Student Handbook. Further, I understand that the expectations laid out in the Yak School Student Handbook are in effect during school hours, at all school-sponsored activities, on all school properties, and on school buses.

Student Signature: Date:

Parent/Guardian Signature: Date:

NETWORK AND INTERNET ACCESS

Access to school technology and internet services is a privilege. Anyone who does not adhere to the Yaak School District's Acceptable Use Policy for Network and Internet Access will have this privilege revoked and may be subject to further disciplinary action. This policy is found in the Yaak School Policy Mannual.

PLEASE SELECT ONLY ONE OF THE FOLLOWING OPTIONS FOR YOUR CHILD:

☐ *I hereby give my permission to Yaak School District #24 to establish an account for my child on the local school network only* **[NO INTERNET ACCESS]**.

☐ *I hereby give my permission to Yaak School District #24 to establish an account for my child on the local school network including internet access* **[INTERNET ACCESS]**.

As the parent/guardian, I have read the terms and conditions of Yaak School District's Acceptable Use Policy for Network and Internet Access. I understand that this access is designated for educational purposes and that Yaak School has taken available precautions to eliminate access to controversial material.
However, I also recognize that it is impossible to restrict all access to controversial material and I will not hold Yaak School District #24 responsible for materials acquired from the Network.

Parent/Guardian Signature: Date:

PHOTO AND NEWS RELEASE PERMISSION

From time to time Yaak School District #24 may wish to publicize special programs or the academic/extracurricular achievements of students through District and/or news websites, newspaper articles, or television broadcasts. Such publications or broadcasts may include the names, photographs of students and/or grade level.

PLEASE SELECT ONLY ONE OF THE FOLLOWING OPTIONS FOR YOUR CHILD:

☐ **YES**, *I* _____ *(parent/guardian) grant permission for the Yaak School District #24 to use and/or release the name and/or image of my child,*
_____ .

☐ **NO**, *I* _____ *(parent/guardian) do not grant permission for the Yaak School District 24 to use and/or release the name and/or image of my child,*
_____ .

Parent/Guardian Signature: Date:

CONTINUED ON OTHER SIDE

PERMISSION TO ADMINISTER MEDICATION

Signing below authorizes Yaak School to administer to your child age-appropriate doses of the medications selected below.
The school office keeps a supply of ibuprofen and Tylenol on hand, other medications must be provided by the parent or guardian.

I authorize Yaak School to administer to my child age-appropriate doses of the medications selected below.

☐ Ibuprofen ☐ Medication: _____ ☐ Medication: _____

☐ Tylenol ☐ Medication: _____ ☐ Medication: _____

Parent/Guardian Signature: Date:

VOLUNTEER SERVICES

At Yaak School we believe that parent involvement is an important component of student success. Please indicate on the check-list below areas in which you would be willing to provide assistance.

I am willing to assist in the following areas:

☐ Classroom Volunteer ☐ Guest Speaker - topic: _____

☐ Tutoring ☐ Specialized labor: _____

☐ Mentoring ☐ Other: _____

☐ Chaperoning fieldtrips, sport trips, etc.

Parent/Guardian Signature: Date:

EMERGENCY CONTACT INFORMATION

Name of Person to be contacted in case of emergency:

Phone Number:

STUDENT DIRECTORY INFORMATION NOTIFICATION

If you do not want directory information about your child disclosed to third parties in accordance with the Family Educational Rights and Privacy Act (FERPA) you must sign and return the Student Directory Information Opt-Out Form (attached) within ten (10) days of the receipt of this form.
If we receive no response by that date, we will disclose student directory information at our discretion and/or in compliance with law.

Directory Information may include the following:
Student's name, participation in officially recognized activities , photograph (including electronic version), date and place of birth, honors and awards received, dates of attendance, grade level.

NOTE: If a student's name, grade level, or photograph is to be withheld, the student will not be included in the school's yearbook, program events, or other such publications.