

**NATRONA**  
**COUNTY SCHOOLS**  
*"Every Learner a Champion"*

**FIELD/SCHOOL TRIP PERMISSION, RELEASE AND STUDENT CONDUCT AGREEMENT**

**STUDENT INFORMATION:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of School \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of emergency and the parent/guardian cannot be notified at the above phone number, please contact:

Mr./Mrs. \_\_\_\_\_ Telephone \_\_\_\_\_

Alternate \_\_\_\_\_ Telephone \_\_\_\_\_

**CONSENT TO PARTICIPATE**

I, as his/her legal parent/guardian, give permission for the above student to participate in school activities/trips during the \_\_\_\_\_ school year:

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL CARE and  
RELEASE OF LIABILITY FOR MEDICAL EXPENSES/TRAVEL**

I affirm that I am the child's legal parent or guardian. I understand that Natrona County School District #1 (NCSD #1) **does not carry any medical insurance that covers my child during this activity. I release the School District from any responsibility for medical or related travel expenses which occur during or are related to this activity.** I give my permission for an authorized representative of the NCSD #1 to sign for emergency treatment for my child. This form will provide for immediate and all medically necessary treatment. Attached is a list of information that would be necessary to consider in case my child needs immediate medical treatment (Please list any allergies, medications, contact lens, etc.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE INFORMATION: *ONE OF THE FOLLOWING MUST BE INITIALED BEFORE YOUR CHILD IS ALLOWED TO PARTICIPATE.***

I, \_\_\_\_\_, as legal parent/guardian, affirm that my child is covered by medical insurance and I will accept the full responsibility for any and all medical and associated travel costs should such be associated with this activity. **I understand that NCSD #1 does not carry medical or travel insurance that would cover my child during the activity.**

Name of Insurance Company: \_\_\_\_\_

I, \_\_\_\_\_, as legal parent/guardian, state that my child ***is not*** covered by medical insurance and I hereby accept the full responsibility for any and all medical and associated travel costs should such be associated with this activity. **I understand that NCSD #1 does not carry medical or travel insurance that would cover my child during this activity.**

## STUDENT CONDUCT AGREEMENT

The Natrona County School District (District) believes in an educational atmosphere that respects student rights while expecting students to meet their responsibilities. Students who think about their behavior are mature, positive, constructive and self-motivating people who understand the value of an education. Field trip education is a special privilege and learning opportunity which Students are expected to treat with attention and respect.

**Behavior Expectations:** The District expects the following from all District students at all times:

- Student behavior will be based on respect and consideration for the rights of others
- Students will always keep in mind they are representing the District and behave accordingly
- Students will respect the people and environment in which the field trip or activity takes place
- Students will follow the directions of teachers, chaperones, and guides
- Students will stay with the group at all times unless given specific permission to go on their own
- Students will clean up after themselves on the bus and at the field trip site
- Students will follow all bus, Code of Conduct and Student Handbook rules

**Violations:** The following behaviors violate the student Code of Conduct and/or the Disciplinary Code. Students **who violate these rules while on a field trip or activity are subject to a full range of consequences at the administration's discretion. Possible consequences include suspension, expulsion and report to law enforcement which may result in arrest.** The list includes, but is not limited to, the following offenses:

- **Assault, battery, fighting and/or threats involving other students, staff or others**
- **Disorderly conduct, destructive and/or disrespectful behavior**
- **False fire alarms or bomb threats**
- **Harassment** – Harassment of any type is prohibited. It may include, but is not limited to:
  - 1) Verbal harassment or abuse
  - 2) Physical intimidation
  - 3) Use of inappropriate language or jokes with sexual implications
  - 4) Display of offensive, sexually graphic materials which are not appropriate in the educational environment
- **Inappropriate display of affection**
  - 1) Unwelcome touching or unsolicited and inappropriate gestures
  - 2) Suggesting or demanding sexual involvement accompanied by implied or explicit threats, and/or consensual or non-consensual sexual activity.
- **Lying and/or forgery**
- **Possession and/or use of tobacco products**
- **Possession, use, sale or transfer of alcohol or other drugs** – The possession, sale, use or distribution of illegal drugs, controlled substances, look-alike drugs, drug paraphernalia or alcoholic beverages by a student or employee is strictly prohibited
- **Possession of lighters, matches, firecrackers and/or dangerous chemicals**
- **Student Attire** – Student attire and grooming should not be offensive, obscene, or disruptive; represent a gang; overexpose the body; endanger the student's or other students' health or safety; promote alcohol, drugs, sexually explicit materials and/or violence; or be offensive in any manner. Footwear must be worn at all times.
- **Theft**
- **Vandalism**
- **Weapons (or look-alike weapons)** – no one shall possess weapons or look-alike weapons
- **Willful disobedience**
- Any other conduct that hinders a positive learning/extra-curricular environment is prohibited

**Discipline Plan:** The Discipline Plan encourages students to become self-disciplined individuals with mature attitudes and socially acceptable standards of conduct. The co-curricular Code of Conduct and Student Handbook rules apply, and consequences will be imposed if violated. **Any violation of these expectations will result in an immediate trip home at the parent/guardian time and expense. Suspension, expulsion and/or report to law enforcement may result.**

I \_\_\_\_\_, have read, understand and will follow the behavioral expectations.  
(Student signature)

I \_\_\_\_\_, have read, understand and will support the behavioral consequences.  
(Parent/Guardian signature)

Date: \_\_\_\_\_

# NATRONA

COUNTY SCHOOLS

## Natrona County School District Student Registration

307-253-5222

970 N. Glenn Road, Casper, WY 82601

Dr. Joel Dvorak, Superintendent

### Permission to Use Video Tape and Picture of Students / School Directory Information

School: \_\_\_\_\_

The professional staff of Natrona County School District, media, and/or communications team, with staff's consent, has my permission to use video tape and/or pictures of my child(ren) for the purpose of public education, publicity or public information as they deem useful for the promotion of the Natrona County School District.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

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### School Directory Information

1. I wish to include all information in the School Directory. \_\_\_\_\_

2. I wish to only have my student's name in the School Directory. \_\_\_\_\_

3. Please do not include any information. \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Year

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### Student Information and Permissions

School: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

**Emergency information** (person authorized to pick up child if parent cannot be reached):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**EARLY OR EMERGENCY DISMISSAL:** In case of a severe storm or other emergency situation, my child is to:

Go directly home.       Bus student       Ride home with \_\_\_\_\_

# NATRONA

COUNTY SCHOOLS

*Natrona County School District*

970 N. Glenn Road, Casper, WY 82601

307-253-5222

*Dr. Joel Dvorak, Superintendent*

**Release for Person(s) Other than Legal Parent/Guardian for Representation of My Child at Educational Meetings**

School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Representation of students' interests for educational planning purposes is limited to legal parents and guardians. Step-parents, grandparents, or other persons may not represent a child's interest when planning educational programs unless a legal parent or guardian authorizes such representation. Therefore, if you wish for someone other than yourself to attend and participate in educational planning meetings or to represent you for any educationally related issue (i.e. parent-teacher conferences) or in any other capacity that a parent would represent the child, then you must complete this form.

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Legal Parent / Guardian Name

to represent me in any capacity needed for my child, \_\_\_\_\_.  
Child to Be Represented

This form will be considered in effect for the school year \_\_\_\_\_ unless otherwise stipulated or rescinded by you, the legal parent / guardian.

\_\_\_\_\_  
Legal Parent / Guardian (Please Print)

Date: \_\_\_\_\_

\_\_\_\_\_  
Legal Parent / Guardian Signature

*Natrona County School District*

**Student Enrollment Form**

Student's **LEGAL** Name: \_\_\_\_\_

Surname/Family Name First/Given Middle

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Month/Day/Year

Male

Last School Attended: \_\_\_\_\_

Female

City State Zip

Is the individual Hispanic / Latino?

Yes  No

Has the student ever attended Natrona County School District before?

Note: Is the individual from one or more **RACES**?  
Please check **all** that apply.

Yes

No

American Indian or Alaska Native

Asian

If yes, provide school name, grade & year.

Black or African American

\_\_\_\_\_

Native Hawaiian or Other Pacific Islander

First Day of Enrollment: \_\_\_\_\_

White

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Private Effective Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_  Private

Number Street Direction Apt/Lot

City State Zip + 4

Mailing (if different): \_\_\_\_\_  Private

Number Street Direction Apt/Lot

**Parent/Guardian 1**

Name: \_\_\_\_\_

Surname/Family Name First/Given Middle Initial Relation to student

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  Messenger  
 Portal access  
Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  Mailing

**Parent/Guardian 2**

Name: \_\_\_\_\_

Surname/Family Name First/Given Middle Initial Relation to student

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  Messenger  
 Portal access  
Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  Mailing

Different Address for Guardian 2

Number Street Direction Apt/Lot

City State Zip + 4

**Emergency Contact 1:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
Relation to student: \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Secondary Household** *If the student should be a member of additional household (step- parent, foster), please complete the following:*

Home Phone: \_\_\_\_\_  Private Effective Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_  Private  
Number Street Direction Apt/Lot

City State Zip + 4  
Mailing (if different): \_\_\_\_\_  Private  
Number Street Direction Apt/Lot

**Parent/Guardian 3**

Name: \_\_\_\_\_  
Surname/Family Name First/Given Middle Initial Relation to student

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  Messenger  
 Portal access  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  Mailing

**Parent/Guardian 4**

Name: \_\_\_\_\_  
Surname/Family Name First/Given Middle Initial Relation to student

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  Messenger  
 Portal access  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  Mailing

Has this student ever been expelled from school?

- Yes
- No

If yes, please provide details (place, reason, dates, etc.)

\_\_\_\_\_  
Parent/Guardian Signature Date

Please be sure to complete the following forms. When finished, place these forms in the student's cum file.

- Blue Health Form
- Records Access Form
- Home Language Survey
- Immunization Records Copy
- Birth Certificate Copy
- Video Tape/Picture Permission
- 3<sup>rd</sup> Party Representation Form
- Computer Usage Form
- School Directory
- Field Trip Permission

Enrolled by \_\_\_\_\_

Date \_\_\_\_\_



**Natrona County School District**  
**School Health Services**  
**STUDENT HEALTH INFORMATION**



Student's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
 Student Lives With \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Ph. \_\_\_\_\_  
 Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

1. List Casper school(s) attended \_\_\_\_\_  
 a. Name last school attended \_\_\_\_\_ City/State \_\_\_\_\_
2. List prescribed medication(s) taken regularly \_\_\_\_\_
3. List medication(s) to be taken at school (*requires completed Request for Administration of Medication Form SSS-H-08*) \_\_\_\_\_

4. List any previous hospitalizations or surgeries \_\_\_\_\_

5. Does student presently have or has student previously had any of the following medical problems: Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. Serious allergies (medication, food, insect bites) _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Asthma or difficulty breathing with exercise _____                      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Seizures _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Headaches or migraines _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Serious head injury or loss of consciousness _____                      | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Hearing loss (ventilating tubes) _____                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Speech difficulty/therapy _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Diagnosis of attention deficit disorder _____                           | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Other (diabetes, heart disease, cancer, bladder infections, etc.) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

6. Does student have emotional/behavioral problems? List counselor \_\_\_\_\_

7. Does student have a health disability that impacts education; requires special equipment, therapy or assistance? If yes, describe \_\_\_\_\_

8. Does student wear glasses or contacts? \_\_\_\_\_    
 Name of vision specialist \_\_\_\_\_ Date of last exam \_\_\_\_\_

9. Does student have any dental problems? \_\_\_\_\_    
 Name of dentist \_\_\_\_\_ Date of last exam \_\_\_\_\_

10. Date of last medical visit (include sports physical) \_\_\_\_\_

Add any further information that we should know about your child. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IMMUNIZATION INFORMATION:** Wyoming State Law requires your child to be properly immunized as designated by the State Health Officer. Your child may be *conditionally* enrolled for 30 calendar days. If requirements are not met by the end of 30 days, your child will be excluded from school.

Health Insurance Portability and Accountability Act 1996 (HIPAA) and the Family Education and Right to Privacy Act (FERPA)

I authorize the sharing of my child's health information identified on this Student Health Information Form (SSS-H-16) to provide appropriate school health services. This authorization is effective until revoked in writing by parent/guardian.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Natrona Co School District #1

### HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States?  Yes  No  
 If yes, in which state? \_\_\_\_\_  
 If no, in what other country? \_\_\_\_\_
2. Has your child attended any school in the United States for any three years during their lifetime?  Yes  No  
 If yes, please provide school name(s), state, and dates attended:  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_
3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_
4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_
5. Please check if your child is:  
 A.  Native American Indian                      C.  Native Pacific Islander  
 B.  Alaska Native    D.  Native U.S. Virgin Islander
6. Is your child's first-learned or home language anything other than English?  Yes  No

**If you responded "Yes" to question number 6 above, please answer the following questions:**

7. What language did your child learn when he/she first began to talk? \_\_\_\_\_
8. What language does your child most frequently speak at home? \_\_\_\_\_
9. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
 (Mother) \_\_\_\_\_
10. Please describe the language understood by your child. (Check only one)  
 A.  Understands only the home language and no English.  
 B.  Understands mostly the home language and some English.  
 C.  Understands the home language and English equally.  
 D.  Understands mostly English and some of the home language.  
 E.  Understands only English.

\_\_\_\_\_  
 Parent or Guardian's Signature

\_\_\_\_\_  
 Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	