

Fort Washakie High School

Fremont County School District #21
 www.fortwashakieschool.com



90 Ethete Road
 Fort Washakie, WY 82514
 P (307) 332-0142 F (307) 335-8020

NEW STUDENT REGISTRATION PACKET FOR THE 2023-2024 SCHOOL YEAR

New Students to the District **MUST** present a copy of their birth certificate, immunization records (if not from Wyoming,) certification of Indian blood (if applicable) and court/custody information (if applicable) upon enrollment. Please print legibly and clearly. We appreciate your time and effort.

Please note: First and last names MUST match the name presented on the provided identification.

Student's Legal Last Name	
Students Legal First Name	
Student's Middle Name	Nickname:

Grade	Birth Country	Gender (M/F)	Birthdate	Bus Student (circle)
				YES NO

School District in which you physically reside:	x Lander (1) x Ft. Washakie (21) x Ethete (14) x Arapahoe (38) x Riverton (25) x Wind River (16) Other (specify name of school and district): _____ _____
School Name of Last School Attended:	
City, State, Zip	

Does the student receive any of the following services (Circle all that apply)				
TITLE I	IEP	504	ELL	PROBATION

Has this student repeated a grade?	Circle answer: YES NO	If yes, please indicate grade:
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PRIMARY HOUSEHOLD INFORMATION

Please provide the information for the home where your child spends **50% or more** of their time.

Residence (street) address:	
Mailing address (if different):	
City and zip code:	
Home phone (if available):	
Parent/Guardian:	
Relationship to student:	

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Mobile phone (with area code):	
Email address:	
Employer and work phone:	
Parent/Guardian:	
Relationship to student:	
Mobile phone (with area code):	
Email address:	
Employer and work phone:	

SECONDARY HOUSEHOLD INFORMATION

Please use the space below to provide information if your child spends **50% or less** time in another household.

Residence (street) address:	
Mailing address (if different):	
City and Zip Code:	
Home Phone (if available)	
Parent/Guardian Name:	
Relationship to Student:	
Non-emergency Communications	Should this individual receive these communications? YES NO If so, please include the following information:
Mobile Phone (with area code)	
Email Address:	
Employer and Work Phone:	

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THE FOLLOWING SECTION IS FOR INCOMING 9TH GRADERS ONLY

Please note: First and last names MUST match the name presented on the provided identification.

Student's Legal Last Name	
Students Legal First Name	
Student's Middle Name	Nickname:

Grade	Birth Country	Gender (M/F)	Birthdate	Bus Student (circle)
				YES NO

School District in which you physically reside:	x Lander (1) x Ft. Washakie (21) xEthete (14) xArapahoe (38) xRiverton (25) x Wind River (16) Other (specify name of school and district): _____ _____
School Name of Last School Attended:	
City, State, Zip	

Does the student receive any of the following services (Circle all that apply)				
TITLE I	IEP	504	ELL	PROBATION

Has this student repeated a grade?	Circle answer: YES NO	If yes, please indicate grade:
---	-------------------------------------	--------------------------------

The school will allow visitations, release of student and access to student's records to both parents unless legal documents are provided restricting parental rights. Unless otherwise ordered by the court, the non-custodial parent shall have the same right of access as the parent awarded custody to any records relating to the child of the parties, including school records, activities, teachers and teacher's conferences as well as medical and dental treatment providers and mental health records (Wyoming Statute 20-2-201.)

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STUDENT HISTORY AND EMERGENCY CONTACT INFORMATION (PAGE 1 OF 2)

This information may be used within the policies of Fremont #21 and also during school sponsored field trips and other out-of-district travel. It will also be used in the event of a serious accident/illness requiring transportation to an emergency medical facility. This information will be updated annually and the original will be located in your student's health file. This form must be completed and signed by the student's parent/guardian.

Student's Last Name	Student's First Name	Date of Birth	Current Grade

Condition	Circle Yes or No		If yes, please provide details:
Hearing problems:	No	Yes	_____
Skin problems:	No	Yes	_____
Congenital (birth) defects:	No	Yes	_____
Neurological disorder:	No	Yes	_____
Seizure disorder:	No	Yes	_____
Frequent headaches:	No	Yes	_____
Frequent nosebleeds:	No	Yes	_____
Vision problems:	No	Yes	_____
Wears glasses or contacts:	No	Yes	_____
Asthma:	No	Yes	_____
Chronic respiratory infections:	No	Yes	_____
Heart disease:	No	Yes	_____
Blood disorder:	No	Yes	_____
Diabetes:	No	Yes	_____
Difficulty controlling urination:	No	Yes	_____
Difficulty controlling bowels:	No	Yes	_____
Bone or joint problems:	No	Yes	_____
Speech problems:	No	Yes	_____
Behavior difficulties:	No	Yes	_____
Emotional difficulties:	No	Yes	_____
Other:	No	Yes	_____

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STUDENT HEALTH HISTORY AND EMERGENCY CONTACT INFORMATION (PAGE 2 OF 2)

Student Last Name	Student First Name
Is The Student Currently Taking Any Medication?	If yes: Please List Medications <i>(All medications given at school require a medication consent form and must come in the original labeled container)</i>
NO YES	

Does the student have any allergies to food or insect bites? If yes, please provide details *(For food allergies, this will require a medical statement in order to request/provide special meal forms)*

NO YES	
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INFORMATION ABOUT CAREGIVERS

Primary Physician Name and Phone:	
Dentist Name and Phone:	
Eye Doctor Name and Phone:	

The individual(s) below have my authorization to check my child out of school in the event of an emergency situation ONLY. They can be reached during school hours at the number listed.

Name	Relationship	Phone Number

I understand that in cases of serious accident or illness at school or during a school-sponsored field trip, my child will be sent to an emergency medical facility. The parent/guardian will be responsible for all expenses. I understand that this information will be shared with Fremont County School District #21 staff accompanying my child on school-sponsored field trips and with emergency/medical staff in the event of a serious accident or illness. I agree to inform the school district, in writing, of any changes to this information. **HIPPA & FERPA:** I authorize the sharing of my child's health information identified on this Student Health Information form to provide appropriate school health services. This authorization is effective until revoked in writing by parent/guardian.

Parent/Guardian Signature	Date

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APPROPRIATE ACCESS POLICY

EDUCATIONAL PROGRAMS

SERIES 507

COMPUTER ASSISTED PROGRAMS

(Use of Internet, E-Mail and Local Area Network)

It is the policy of this School District that the staff and students will be encouraged and permitted to utilize the computer network provided by the School District to the greatest extent possible to facilitate learning and provide the best education experience possible. In this regard, the School District has made electronic mail and the internet available to students and staff.

All students must obtain parental permission, sign and return a Internet/Intranet Use Agreement form to the School District to gain access to E-mail and the internet. All users must sign the Internet/Intranet Use Agreement form prior to access being granted.

Access to the internet will enable students to explore thousands of libraries, databases and bulletin boards while exchanging messages with internet users throughout the world. Families should be warned that some material accessible via the internet may contain items that are illegal, defamatory, inaccurate and potentially offensive. While it is possible for students to access inappropriate material and otherwise misuse the system, it is the intent of the School District that network access, local and worldwide, should only be used to further the educational goals and objectives set out for each student.

It is the policy of this School District to educate our students by implementing the use of modern technology. Students will need to be familiar with various types of technology in order to be successful in their subsequent education and careers. However, in order to utilize this technology, it will ultimately be the responsibility of the parents and guardians to set and convey standards to their own children that they will follow while utilizing this technology. To that end, the School District will support and respect each family's right to decide whether or not to apply for access. The Board authorizes the superintendent to prepare appropriate acceptable use procedures and regulations for implementation of this policy and for reviewing and evaluating its effect on instruction and student achievement.

FCSD#21 adopted Series 5-7-Computer Assisted Instruction: 11/13/2013

Parent/Guardian Signature	Date
Student Signature	Date

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ETHNICITY/RACE QUESTIONS

For Federal requirements, both questions must be answered.

<p>Is the student Hispanic or Latino?</p> <p>Choose only one answer</p>	<p>×No, not Hispanic or Latino</p> <p>×Yes, Hispanic or Latino</p> <p>A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.</p>
<p>What is the students' race?</p> <p>Choose one or more as appropriate</p>	<p>×American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central American), and who maintains tribal affiliation or community attachment.</p> <p>×Asian or Asian-American A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p>×Black or African American A person having origins in any of the black racial groups of Africa.</p> <p>×Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>×White/Caucasian A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>

As prescribed by Title VI of the Civil Rights Act of 1964, a Home Language Survey is to be used to identify students at the time of enrollment in our school district. Please respond to the following questions:

What language did your child learn when he/she first began talking?		
What language does your child most frequently speak at home?		
What language is spoken by you and your family most frequently at home?		
Has your child attended a school in the United States for more than three academic years?	Yes	No
Is this student an exchange student?	Yes	No

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U.S DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

TITLE VII STUDENT ELIGIBILITY CERTIFICATION

Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendant in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ DATE OF BIRTH _____
(As shown on school enrollment records)

SCHOOL NAME: _____ GRADE _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (Check One)

Federally recognized, including Alaska Native

State Recognized Terminated

Other (meeting #5 of definition above):

Name of Individual with tribal membership: _____

Individual named is (check one): _____ Child _____ Child's Parent _____ Child's Grandparent

Proof of membership, as defined by tribe, band or group is:

A. Membership or enrollment number (if readily available) _____

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT SIGNATURE: _____ DATE _____

Mailing Address _____ Telephone (_____) _____

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Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

Section A

Select one response for each question

Is your current residence a temporary living arrangement?	Yes	No
Is your living arrangement due to loss of housing or economic hardship?	Yes	No
Is your current residence inadequate for meeting your physical or psychological needs?	Yes	No
If you answered YES to <u>any</u> of the questions, please complete the next section. If you answered NO to <u>all</u> of the questions, you may stop here.		

Section B

Do any of the following situations apply? (choose as many as necessary)

	Living with more than one family in a house, mobile home or apartment
	Living in a hotel/motel
	Living in a shelter or transitional housing
	Living in a vehicle of any kind, park, campground, public space or abandoned building
	Living with an adult that is not a parent or legal guardian or living alone without an adult
	Living in an unknown nighttime residence
	Other temporary living arrangement (please describe):

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Family Educational Rights & Privacy Act (FERPA) & Protection of Pupil Rights Amendment (PPRA)

- **School Directory Information:** Not all student information is confidential. In accordance with federal law and district policies, Fremont County School District #21 & the Wyoming Department of Education (WDE) may make available to various persons, agencies and institutions different categories of information regarding students. These include public events and/or information and classroom events. These can include honor roll lists, team rosters, photo captions, press releases and more. Private information such as addresses, birthdates, phone numbers, test scores, etc. will not be disclosed.
- **Student Surveys:** Students may be asked to fill out various surveys that collect student information. In some circumstances, you may receive an opt-out form. Returning this form will remove your student from the data collection.
- **Protection of Student Records:** Parents can request to inspect and review the student's education records maintained by the school within forty-five (45) days of the school's receipt of a written request. Please contact the administration building to make this request.
- **Services for Youth in Transition:** Our district will provide equal access to comparable services to all students regardless of their home living situation. Homeless students or students in transition are not required to attend a separate school for homeless youth and have the right to benefit from programs for which they are eligible. Mr. Owen St. Clair is the staff member who will help introduce you to various educational programs and services that are available.
- **Right to Request Teacher Qualifications:** You have the right to request information regarding the professional qualifications of your child's classroom teacher(s) or paraprofessional(s). If you make this request, the district or school will provide you the information as soon as possible. Please contact the school's principal.
- **Field Trips:** From time to time this school year, your child will be taking day trips to various places of interest the community and, at times, out of the community. The student named in this registration packet has my permission to join the class on any field trips taken during the upcoming school year.
- **Communication via Phone, Text and Email:** All parents and guardians will be contacted via phone, text message and email in addition to written communications. These may include messages regarding attendance, discipline and grades.
- **Parent Portal:** The district uses a student information system (SIS) called Infinite Campus to organize and manage student demographics, grades, attendance, behavior and other information. A feature of Infinite Campus is allowing parents access to information regarding their students. You will be assigned a username and password to monitor your student(s) information via the Parent Portal.

By signing below, you agree to the above items. If you do not agree with these items, please contact the front office to fill out the required forms to "opt-out" your student.

Parent Signature	Date
	/ /

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“BLANKET” PERMISSION TO PARTICIPATE IN A SERIES OF SCHOOL-SPONSORED FIELD TRIPS

I hereby request that (Student’s Name-Please Print)_____ be allowed to participate in athletic team, band/orchestra/chorus, and/or either of field trips. I understand that transportation may or may not be provided by the Fremont County School District 21 (District). In the event transportation is not provided by the District, transportation will be the student’s responsibility.

Detailed trip information, including destination, date, time or departure, time of return, purpose and supervision, should be given in writing to the parents at least two (2) weeks prior to each trip in the series.

I understand that Fremont County School District 21 is not responsible for insuring me or the student with regard to the student’s participation in the activity or any fundraising event associated with the activity. I am responsible for obtaining any medical, accidental, or other insurance that I may deem appropriate.

If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for and consenting to the procedures or treatment in his/her or their discretion.

I understand that Fremont County School District 21 and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the field trip activity or any fundraising event associated with the activity. Fremont County School District 21 and its employees have not waived these protections and immunities.

By signing this form, on behalf of myself, the student and our family and representatives, I release, indemnify and hold harmless Fremont County District 21 and its employees from and against all claims for damages or injuries involving the student which occur as a result of the student’s own misconduct, the actions or omissions of third parties, or relate to property which is not owned by Fremont County School District 21. I understand that for purposes of this form, the term “employees” includes Fremont County School District 21 directors, employees, servants and volunteers.

(Fremont County School District #21 - IOJA E-3)

Name of Student (**PLEASE PRINT**)

Signature of Student

Date

Name of Parent/Guardian (**PLEASE PRINT**)

Signature of Parent/Guardian

Date

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REGARDING SWIMMING/AQUATIC ACTIVITIES (IF APPLICABLE)

CHECK THOSE THAT APPLY:

_____ Participant has my permission to swim and participate in other aquatic activities. *Swimming in the ocean will not be allowed.*

Is there a specific activity that you do not want your child to participate in? YES NO

If so, what?

_____ Participant **DOES NOT** have my permission to swim and participate in other aquatic activities.

Students failing to adhere to the rules will have their parents notified to come pick them up.

Parent/Guardian Signature

Date

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Insurance Verification for Activities, Trips and Fundraising Events

I understand that Fremont County School District 21 is not responsible for insuring me or the student with regard to the student’s participation in the activity or any fundraising event associated with the activity. I am responsible for obtaining any medical, accident or other insurance that I may deem appropriate. Based on this understanding, I certify as follows (please select the appropriate situation):

_____ My student is covered under an accident policy purchased through the school for the 2023-2024 school year.

_____ My student is covered under my personal insurance policy which coverage is now in effect.

_____ My student is covered under medical services provided through the United States Military and/or other governmental agency or organization, or otherwise through my employment.

Company: _____

Policy or Claims No.: _____

_____ My student has no medical insurance coverage and I agree to be fully responsible for all uninsured expenses for medical services and treatment resulting from any accident or injury during the field trip.

Parent/Guardian Signature

Date

PERMISSION FOR TREATMENT

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student.

I understand that Fremont County School District 21 and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the field trip activity or any fundraising event associated with the activity. Fremont County School District 21 and its employees have not waived these protections and immunities. By signing this form, on behalf of myself, the student and our family and representatives, I release indemnify, and hold harmless Fremont County School District 21 and its employees from and against all claims for damages or injuries involving the student which occur as a result of the student’s own misconduct, the actions or omissions of third parties, or relate to property which is not owned by Fremont County School District 21. I understand that for purposes of this form, the term “employees” includes Fremont County School District 21 directors, employees, servants and volunteers.

Parent/Guardian Signature

Date



Fort Washakie Schools Consent for Health Office Services

School Year 2023-2024

This consent form must be on file in your child's health folder and must be updated each school year.

Student Name _____ DOB ____/____/____

OTC Medications: I give permission for my child to receive any medication checked below on this form. I understand that generic equivalent medications may be used. Medications will be dispensed by age/weight, in pill or liquid form, and according to manufacturer guidelines.

Medications/First Aid Product:

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen (e.g. Tylenol) | <input type="checkbox"/> Antacids (e.g. Tums) |
| <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Benzocaine Wipes (for bee stings) |
| <input type="checkbox"/> Burn Cream | <input type="checkbox"/> Diphenhydramine (aka Benadryl) |
| <input type="checkbox"/> Hydrocortisone Cream 1% | <input type="checkbox"/> Ibuprofen (e.g. Advil/Motrin) |
| <input type="checkbox"/> Acetaminophen (e.g. Tylenol) | <input type="checkbox"/> Cough drops |
| <input type="checkbox"/> Cough syrup (eg <u>plain</u> Robitussin) | <input type="checkbox"/> Pepto Bismol |

Please indicate any known medication/food/environmental allergies:

School-based Testing: I give my permission for my child to be tested for COVID-19 using BinaxNow rapid antigen testing cards as deemed necessary by the health office staff. This may be due to regular surveillance screening, known exposure, or due to symptoms displayed by the student at school.

Yes, I give my permission for COVID-19 testing.

No, I **do not** want my student tested for COVID-19 at school.

I give my permission for my child to be tested for strep throat as deemed necessary by the health office staff. I understand that my student may require a doctor visit regardless of the results of the test.

Yes, I give my permission for strep throat testing.

No, I **do not** want my student tested for strep throat.

Parent/Guardian Signature _____ Date ____/____/____

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**Student & Parent Acknowledgment of Policy & Procedure Understanding
2023-2024**

Dear Parent and Student:

Welcome back to another exciting school year. Part of our school year begins with the teaching of the student/parent handbook. This helps students understand expectations that allow for smooth running of all school operations. As part of policy, we require each student to sign for a copy of the handbook. Parents are also asked to sign off indicating that they too have reviewed the handbook. Should you have questions about any part of the handbook, please contact Mrs. Wright, High School Principal at 307-332-0142.

The signature form simply indicates that both student and parent have reviewed the handbook and understand all expectations and rules posted in the handbook.

_____ Name of Student (PLEASE PRINT)	_____ Signature of Student	_____ Date
_____ Name of Parent/Guardian (PLEASE PRINT)	_____ Signature of Parent/Guardian	_____ Date