

FAIRFAX R-3 STUDENT HANDBOOK, INTERNET USAGE, AND VIDEO / STILL PICTURE AGREEMENT.

Please read this handbook and agreement in its entirety. It provides important information about how our school functions. After you have read the handbook and agreement, please sign and return this sheet to the high school office.

I have read the contents of the 2021-2022 student handbook and affirm that I understand and will abide by the guidelines set forth within. I further affirm that I have carefully read the provisions related to student conduct (pages 21 - 26), internet access and usage (pages 16 - 18), and that both my student and I agree to abide by those policies. I agree that violations of these policies may result in disciplinary action.

Student Signature

Date

_____ / /

Parent / Guardian Signature

Date

_____ / /

I understand that from time to time, both audio and video recordings as well as still photographs will be used as educational or promotional tools by the Fairfax R-3 School District. I agree to allow my student to be taped in audio or video and photographed.

Parent / Guardian Signature

Date

_____ / /

***** If you should choose to not allow the taping or photographing of your student, please contact the elementary office.***

Fairfax R-3 School District
K-6
SCHOOL-PARENT-STUDENT COMPACT
2021-2022

Fairfax R-3 Elementary and the parents of students participating in Title 1.A activities, services, and programs, agree that this compact outlines how the entire school staff, parents, and the students will share the responsibility for improved student academic achievement.

School Responsibilities

Fairfax R-3 Elementary and its staff will:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the Missouri Learning Standards as follows-
 1. Retain highly qualified principals and teachers,
 2. Provide instruction, materials and high quality professional development which incorporates the latest research, and
 3. Maintain a safe and positive school climate.
- Hold Parent-teacher conferences to-
 1. Discuss the child's progress/grades at the end of the first quarter,
 2. Discuss this compact as it relates to the child's achievement, and
 3. Examine the child's achievement and any pending options at the end of the third quarter.
- Provide parents with frequent reports on their child's progress as follows-
 1. Daily or weekly communication with parents,
 2. Monthly suggestions from the classroom teacher,
 3. Mid-Quarter report sent home by the school, and
 4. Quarterly grade cards/reports mailed from the school.
- Be accessible to parents through-
 1. Phone calls or person-to-person meetings,
 2. Scheduled consultation before, during, or after school,
 3. Scheduled school visits, website, emails, and
 4. Offer parent training throughout the year and encourage parents to attend.
- Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities as follows-
 1. Listen to children read,
 2. Share an educational program,
 3. Assist with holiday programs or parties, educational trips, etc.

Parent Responsibilities

I, as a parent, will support my child's learning in the following ways:

1. Make sure my child is in school every day possible.
2. Check that homework is completed.
3. Monitor the amount of television watched and computer usage.
4. Volunteer in my child's classroom/school.
5. Be aware of my child's extracurricular time and activities.
6. Stay informed about my child's education by reading all communications from the school and responding appropriately.
7. Attend parent training opportunities offered by the teachers and school.

Student Responsibilities

I, as a student, will share the responsibilities to improve my academic performance to meet the Missouri Learning Standards and will-

1. Attend school every day possible,
2. Be respectful toward others,
3. Do my homework every day and hand it in,
4. Ask for help when I need it,
5. Read at least 30 minutes every day outside of school time, and
6. Give all notes and information from my school to my parent/guardian daily.

Principal

Date

Teacher

Date

Parent(s)

Date

Student

Date

For Students Grades 2nd – 12th

Fairfax R-3 Chromebook Checkout Paperwork

Fairfax R-3 students are provided the opportunity to checkout chromebooks that are the property of Fairfax R-3 so that they may continue to use the technology away from school facilities in the event of a short or long-term closure. Procedures and requirements for the proper use of such devices are handled using the school's technology policy which is located in the school's student handbooks.

Additional Information.

1. Devices are to be used for educational purposes only, regardless if the device is being used on school premises or off site.
2. Students who check out a chromebook assume full responsibility for the basic care of and security of the device.
3. Any issues with the device must be reported to the Fairfax R-3 technology coordinator immediately.
4. Students who check out chromebooks assume full responsibility for repair or replacement costs for devices that are damaged to to intentional acts or due to neglect. In addition, students assume liability for any lost device or charger and will be charged a replacement fee. Devices cost between \$200-\$300 each and chargers cost between \$50-\$100.
5. Names will be placed on each chromebook with a label. Students are required to leave their name label on their device. If the label comes off they will report this issue to the technology coordinator immediately.
6. Any student found violating any policy found in the student handbook or on this document, or willfully damages devices can lose their privilege of either using a school owed device or of taking the device off school property.
7. Email should be used for educational purposes only. Nothing should be downloaded on the device that is not approved by the Fairfax R-3 School District. Basically, use the device for school work ONLY!!!

USER INFORMATION

I have read and understand the information and policies listed above and in the student handbook. I agree to these statements and will abide by them and take responsibility for any damages to the devices.

STUDENT NAME: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

PARENT NAME: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

CHROMEBOOK SERIAL/BARCODE NO

HEALTH INFORMATION

STUDENT NAME: _____ GRADE: _____ School Year: _____
ALLERGIES: _____ DOB: ___/___/___
Emergency Phone: ___/___/___ 2ND Phone: ___/___/___

Food allergies require an additional form and will be sent home with student

INSURANCE: (CHECK ONE) MEDICAID: _____ PRIVATE INS: _____ NO INSURANCE: _____
If no insurance, please pick up Mo. Health Net form from School Nurse.

PHYSICIAN'S NAME: _____ DATE OF LAST EXAM: ___/___/___

DENTIST'S NAME: _____ DATE OF LAST EXAM: ___/___/___

IS STUDENT UNDER ORTHODONTIST CARE: Yes _____ No _____

DIAGNOSIS AND/OR CONDITIONS

*** CHECK ALL THAT APPLY***

ASTHMA YES ___ NO ___ ASTHMA MEDS: (LIST) _____
Asthma requires an asthma action plan which will be sent home with student

DIABETES YES ___ NO ___ DATE DIAGNOSED: ___/___/___ TYPE : _____
REQUIRES INSULIN: YES ___ NO ___

EPILEPSY YES ___ NO ___ DESCRIBE HISTORY OF ACTIVITY: _____
MEDICATIONS USED: _____

HEART TROUBLE: YES ___ NO ___ DESCRIBE: _____ MEDS: _____

BONE JOINT: YES ___ NO ___ DESCRIBE: _____ MEDS: _____
OTHER: (Please list) : _____

CHECK THE FOLLOWING THAT APPLY TO YOUR CHILD:

EYE PROBLEMS: _____ GLASSES _____ LAZY EYE _____ EARS: _____ FREQUENT INFECTIONS _____
_____ READING _____ CONTACTS _____ EAR TUBES _____
_____ DISTANCE _____ OTHER: _____ HEARING DIFFICULTY _____

ADD/ADHD: _____ YES _____ NO _____
DAILY MEDS: _____ YES _____ NO AT HOME: _____ AT SCHOOL: _____

MEDS TO BE GIVEN AT SCHOOL REQUIRE AN ADDITIONAL FORM FROM THE NURSE

NAME OF MEDICATIONS STUDENT TAKES DAILY: _____

MY CHILD MAY BE GIVEN TYLENOL OR IBUPROFEN AT SCHOOL FOR GENERAL ACHES AND PAINS: ___ YES ___ NO ___ CALL PARENT FOR PERMISSION

MY CHILD MAY HAVE A TUMS FOR STOMACHE UPSET: ___ YES ___ NO
MY CHILD MAY HAVE A COUGH DROP FOR COUGH AND/OR SORE THROAT: ___ YES ___ NO