

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

JH/HS ACTIVITIES HANDBOOK 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 32-38), Technology Policy (pages 24-26), 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.

I have read the contents of the 2021-2022 activities handbook and affirm that I understand and will abide by the guidelines set forth within. I agree that violations of these policies may result in disciplinary action as described in this handbook.

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 high school office.***

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

FAIRFAX R-3 SCHOOL DISTRICT DRUG TESTING CONSENT FORM

I have read and completely understand the district's policy and procedures regarding the Fairfax R-3 School District's student drug testing program.

I hereby give consent for my student to participate in the drug testing program in the Fairfax R-3 School District. I understand that my student will be placed in the pool for random drug testing and that the Fairfax R-3 School District will pay for all random drug tests if my student is selected.

I understand that students who wish to drop out of the drug pool must first have their parent/guardian come to the school and meet with the Athletic Director, Principal, or Superintendent. The student and parent/guardian must sign a release form stating that they no longer wish to participate in the random drug testing pool. If the student is 18 years of age and living on his/her own, he/she still needs to come in and meet with the Athletic Director, Principal, or Superintendent to drop out of the testing pool. Once a student enters the pool, he/she must remain in the pool for the remainder of that school year to be eligible to participate in co-curricular and/or extra-curricular activities. Students dropping out of the Drug Pool will no longer be eligible to participate in any extra-curricular activities.

Student Name (please print) _____

Student Signature _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Today's Date _____

Forms must be completed before a student can participate in any co-curricular, extra-curricular activity. This consent form is good for one school year and must be renewed annually.

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 _____