

BBE Public School ISD #2364

BBE High School
710 Washburn Ave
PO Box 339
Belgrade MN 56312
Phone: 320.254.8211
Fax: 320.254.3784

BBE Elementary School
250 2nd Ave
PO Box 39
Brooten MN 56316
Phone: 320.254.8211
Fax: 320.346.2589

Student Demographic Information

_____ Child's Name/ Last First Middle			_____ Date of Birth		_____ Birth Place (City/County/State)		M F Sex		
_____ Father/Guardian's Name			_____ D.O.B.		_____ Mother/Guardian's Name			_____ D.O.B.	
(_____) _____ Home Phone			(_____) _____ Work Phone		(_____) _____ Home Phone			(_____) _____ Work Phone	
(_____) _____ Cell Phone			_____ E-mail Address		(_____) _____ Cell Phone			_____ E-mail Address	
_____ Address					_____ Address				
_____ City, ST, ZIP Code					_____ City, ST, ZIP Code				
Student lives with: Both Parents ____ Mother ____ Father ____ Other ____ Bus Driver/Animal _____									

Alternative Emergency Contacts

***2 contacts required *If parent cannot be reached, these people can be contacted to pick up child from school if ill or otherwise needed.**

_____ Primary Emergency Contact/Relationship		_____ Secondary Emergency Contact/Relationship	
(_____) _____ Home Phone	(_____) _____ Work Phone	(_____) _____ Home Phone	(_____) _____ Work Phone
(_____) _____ Cell Phone		(_____) _____ Cell Phone	

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

In case of serious accident/injury/EMERGENCY, school district procedure will be to contact the parent or guardian at home or at work. If that contact cannot be made, school district personnel will call for emergency medical assistance, 911.

Parent's/Guardian's Signature

Date

For Office Use Only

Teacher: _____ Grade: _____

School _____ Contact _____ Date _____

Records Request History

Student Medical Information Continued

Does your child have allergies?	YES / NO	To what?
Typical treatment when allergic reaction occurs?		
Does your child have asthma? <small>*If student needs to have inhaler/meds at school, please complete the "Physician Order for Giving Asthma Medications in School" form.</small>	YES / NO	
Any medications taken on a regular basis? <small>*If meds need to be taken at school, please complete the "Medication Policy Form for BBE Students."</small>	YES / NO	If yes, what meds/reason?
Any dietary restrictions or special needs? <small>*Any dietary restrictions or needs must be ordered by physician. Please complete the "Special Diet Statement" form.</small>	YES / NO	Explain:
Any vision problems?	YES / NO	Glasses / Contacts
Any hearing problems?	YES / NO	
Any serious illness/injury/hospitalization during this past year?	YES / NO	Explain:
*Any prescription medication must be sent to school nurse in the original pharmacy container along with a Medication Policy form signed by the physician and parent.		
*Do you give permission for your child to receive Over the Counter meds if needed? (Tylenol, cough drops, pepto bismol, etc)	YES / NO	
Parent Signature	Date	

Student Registration

Former School. *If student attended more than one school, please list grade level and attendance dates.

_____ (____) _____ (____)
Address of School Phone Fax

Former School. *If student attended more than one school, please list grade level and attendance dates.

_____ (____) _____ (____)
Address of School Phone Fax

Current services student was receiving (check all that apply)

_____ Special Education (please circle) LD/EBD/Other _____ LEP Service

Case Manager _____

_____ Title I _____ Targeted Services

(After school program)

_____ Speech _____ Other: _____

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South, or Central American or other Spanish culture or origin, regardless of race.)

- **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- **Asian** (A person having origins in any of the original peoples of the far East, Southeast Asia or in the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- **Black or African American** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
- **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Parent and/or Guardians_____

City_____ **State**_____ **Zip**_____

[illegible]

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate AND Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

Belgrade - Brooten - Elrosa Schools
Request for Student Records

_____ Date: _____
Former School Name

Mailing Address

City, State, and Zip

Phone number

Fax number

Please send any and all information on: Psychological,
Educational,
Medical,
Profiles of Learning,
Or other nature,
(MARSS request enclosed) concerning:

Student _____ Grade Level _____ Birthdate _____

Please forward this information to:

Registrar
Belgrade-Brooten-Elrosa Elementary School
250 2nd Ave.
PO Box 39
Brooten MN 56316
FAX: 320-346-2589

It is understood that this information will be used in a confidential and professional manner in the best interest of the student. Thank you for your attention and anticipated cooperation.
Students and/or parental signatures are no longer required when authorized school personnel request records. (Section 1232g of the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g)

If you have any questions regarding this request, please contact Deanna Johnson at 320-254-8211 or djohnson@bbejaguars.org.

2022-2023 Health Form

Child Name: _____

Does your child have allergies: YES NO

If yes, allergic to what? _____ What is typical reaction? _____

Treatment: _____ Should a medication be given at school? _____

Any dietary restrictions or special needs? YES NO

Explain: _____

**** Any dietary restrictions or needs must be ordered by physician****

Does your child have asthma? YES NO Medications used in school? _____

**** Doctor permission slip needed if child requires inhaler in school****

Any medications taken on a regular basis? YES NO

If yes, what med and for what reason?

Any vision problems? YES NO _____ Contacts _____ Glasses

Any hearing problems? YES NO I Please explain below.

Any serious illness/injury/hospitalization during the past year? YES NO

Please explain below.

Do you give permission for your child to receive Tylenol or Ibuprofen if needed? YES NO

**** Any prescription medications to be taken in school are required to come in the original pharmacy container. A medication policy form must also be signed by the physician and parent. If it all possible, parents should attempt to give medications at home.****

Hospital of choice: Glenwood Paynesville Sauk Centre Willmar Other: _____

****In an emergency, the ambulance may not allow for the parent choice.**

Any additional health information or history that the health office should know when providing care for your child:

I reviewed the information on the back of this form and I have made any corrections as needed.

Parent Signature

Date

Belgrade-Brooklyn-Elrosa Public School District

Student Residency Questionnaire

Name of Student: _____ Date of Birth: _____
(mm/dd/yyyy)

Person completing form:

- ☐ Parent or guardian ☐ Unaccompanied youth (a youth that does not live with a parent or guardian)
☐ Youth ☐ Other: _____

Name: _____
 Email: _____ Phone: _____

Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.

1. Is the student's address a temporary living arrangement? ☐ Yes ☐ No
 2. Is the student's living arrangement due to loss of housing or financial hardship? ☐ Yes ☐ No

If the answer to any of the above is YES, please complete the following:

Where is the student identified above currently living? (Please check one)

- ☐ In a motel or hotel due to loss of housing or financial hardship
☐ In an emergency shelter, transitional housing facility, or abandoned in a hospital
☐ Sharing another family's house or apartment
☐ In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building
☐ In a bus or train station
☐ Moving from place to place (couch surfing)
☐ In a public or private place not meant to be used as a regular place for people to sleep
☐ Other: _____

Last school the student attended:

School: _____ District: _____
 City: _____ State: _____

Name of Parent, Guardian or education decision maker:

Name _____ Signature: _____
 Name _____ Signature: _____
 Address: _____
 City: _____ Signature: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email: _____

OR

Student (if an unaccompanied youth that is homeless):

Name _____ Signature: _____
 Address: _____
 Email: _____ Phone: _____

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

OFFICE USE ONLY			
Date Completed:	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative:	Comments:

Spanish

Student Residency
Questionnaire

Belgrade-Brooklyn-Elrosa Public School District

Cuestionario sobre la residencia de los alumnos

Nombre del/la alumno(a): _____ Fecha de nacimiento: _____
(mm/dd/aaaa)

Persona que completa el formulario:

- ☐ Padre/madre o tutor ☐ Joven sin compañía (alguien que no vive con su madre/padre/tutor)
☐ Joven ☐ Otro: _____

Nombre: _____

Correo electrónico: _____ Teléfono: _____

Responda estas preguntas sobre la residencia del/la alumno(a). La información que usted brinde es confidencial y está protegida por la Ley Federal de Derechos Educativos y Privacidad Familiar (Family Educational Rights and Privacy Act). Utilizamos esta información para decidir a qué escuelas deberían asistir los alumnos. También utilizamos esta información para garantizar que se cumplan los derechos de un/una niño(a), joven o joven sin compañía de conformidad con la Ley McKinney-Vento de Asistencia a Personas Sin Hogar (McKinney-Vento Homeless Assistance Act).

1. ¿La dirección particular del/la alumno(a) corresponde a una vivienda temporal? ☐ Sí ☐ No
2. ¿El/la alumno(a) reside en esta vivienda debido a la pérdida de su hogar o a dificultades económicas? ☐ Sí ☐ No

Si la respuesta a cualquiera de las preguntas anteriores es SÍ, complete lo siguiente:

¿Dónde vive actualmente el/la alumno(a) antes identificado(a)? (Marque una opción).

- ☐ En un motel u hotel debido a la pérdida de vivienda o dificultades económicas
☐ En un albergue de emergencia, centro de acogida de transición o se encuentra abandonado en un hospital
☐ Comparte la casa o departamento de otra familia
☐ En un automóvil, un estacionamiento, un estacionamiento de casas remolque (esto no hace referencia al estacionamiento de casas móviles (remolques), sino que se refiere a un tipo de campamento para remolques de cinco ruedas u otros tipos de casas móviles), un campamento, la calle, un espacio público, una vivienda por debajo del estándar (que no cumple con los estándares de vida modernos) o en un edificio abandonado
☐ En una estación de autobús o de tren
☐ Se traslada de un lugar a otro (se vale de la hospitalidad de conocidos)
☐ En un espacio público o privado que no está equipado como lugar regular en el que se pueda dormir
☐ Otro: _____

Última escuela a la que asistió el/la alumno(a):

Escuela: _____ Distrito: _____
Ciudad: _____ Estado: _____

Nombre del padre/madre, tutor o persona responsable de la decisión educativa:

Nombre _____ Firma: _____
Nombre _____ Firma: _____
Dirección: _____
Ciudad: _____ Firma: _____
Teléfono de casa: _____ Teléfono del trabajo: _____
Teléfono celular: _____ Dirección de correo electrónico: _____

O

Alumno(a) (si se trata de un/una joven sin compañía ni hogar):

Nombre _____ Firma: _____
Dirección: _____
Correo electrónico: _____ Teléfono: _____

Si un/uná niño(a), joven o joven sin compañía NO vive en una residencia permanente, NO se requieren pruebas de residencia ni otros documentos que normalmente se solicitan para la inscripción (información de salud, registros escolares, etc.). El/la niño(a), joven o joven sin compañía debe inscribirse de inmediato en su escuela de origen, la escuela a la que otros alumnos asisten y que se encuentra en el área en la que vive actualmente, u otra escuela a la que pueda asistir según lo que sea de su conveniencia.

OFFICE USE ONLY			
Date Completed:	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative:	Comments:

2022-2023 1:1 Device Student and Parent Handbook Agreement Form & Media Release Form

(ONLY NEEDS TO BE COMPLETED FOR STUDENTS 4TH GRADE & ABOVE. DO NOT INCLUDE STUDENTS YOUNGER THAN 4TH GRADE)

In order for your child to take their device back and forth from school, please complete the following agreement form and send/deliver insurance payments to the following locations:

BBE High School: 710 Washburn Ave Belgrade, MN 56312

BBE Elementary School: 245 School Ave N Brooten, MN 56316

Please note on your payment that this is for 1:1 Device Insurance

If your family is unable to afford insurance, please contact your building administrator:

Mrs. Laura Spanier: 320-254-8211 x 2130 (high school)

Mrs. Josie Dingmann: 320-254-8211 x 1319 (elementary)

Any questions, please contact the Tech Team!

Kody Bertram x 2220

Patti Kaiser x 2221

Section 1: 1:1 Handbook Agreement

My child(ren) and I have read and understand the 1:1 Device Handbook associated with BBE Public Schools:

☐ Yes

☐ No

If this form is included within an enrollment packet, please list only ONE student per packet.

Student 1 First & Last Name: _____

Student 1 Grade (circle one): 4 5 6 7 8 9 10 11 12

Student 2 First & Last Name: _____

Student 2 Grade (circle one): 4 5 6 7 8 9 10 11 12

Student 3 First & Last Name: _____

Student 3 Grade (circle one): 4 5 6 7 8 9 10 11 12

Student 4 First & Last Name: _____

Student 4 Grade (circle one): 4 5 6 7 8 9 10 11 12

FORM CONTINUED ON NEXT PAGE

Section 2: Additional Agreements

My child(ren) & I have read and understand the information contained in the BBE Public Schools Chromebook/iPad Policy & Usage Handbook. We understand student technology access is a privilege and will be available through a license that will be issued yearly to students who read the policy, agree to the conditions, and sign the contract. Failure on our part to return this signed form will result in denial of full access technology.

- ☐ Yes
☐ No

I understand by participating in Google Apps for Education & other educational software listed at www.bbejaguars.org/student-software-inventory, my child(ren) will have the ability to store and collect their classroom information electronically. I understand that I may ask for my child(ren)'s account to be removed at any time. Yes, confirms my consent to allow certain student information, outlined within the above link, to be used, stored, and shared with the listed providers. I give permission for my child(ren) to be assigned a full BBE School District Google Apps for Education Account & other accounts as outlined in the above link. This means my child(ren) may receive an email account, access to Google Docs, Calendar, Sites, etc.

- ☐ Yes
☐ No

Photo/Video Release - Public Posting of Photographs/Videos: The BBE Public School District may publish videos/pictures of all child(ren) within my household in various school activities or student work on the school's web page or other social networking sites. Doing this would make the videos, pictures and/or student work accessible to anyone on the internet. First names are used.

- ☐ Yes, include my child(ren) in these publications.
☐ No, do not include my child(ren).

Payment Options:

- ☐ Deductible Plan: \$40 (non-refundable, per student - \$120 family max)
☐ Full Deposit: \$350 (refundable, per family, depending on use)

Section 3: Parent Signature

Parent/Guardian First & Last Name: _____

Parent/Guardian Signature: _____ Date: _____



Student Digital Equity Survey

Survey Information

Thank you for participating in the Student Digital Equity Survey. This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. BBE Public Schools may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside the classroom or school building. It is important that we gather accurate information from every student so that each student and family has the equipment, help and support needed.

The information you provide in this survey will be reported to the Minnesota Department of Education (MDE). MDE may provide state- or school-level summary data—without personal, identifying information—to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. BBE Public Schools will not share your personal, identifying information provided in this survey with others without your consent.

Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your "home." **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

Student Information

First name: _____

Last name: _____

Grade: _____

Student Primary Address: _____

Digital Device Access & Internet Access

1. Does the student use an electronic device like a computer, tablet or smart phone to complete homework?

No (skip to question 2)

Yes (continue to 1a)

a. If yes, what type of electronic device does the student usually use to complete homework?

(select ONLY one)

- ☐ Desktop or Laptop
- ☐ Tablet
- ☐ Chromebook
- ☐ Smart phone
- ☐ Other

b. Is the electronic device (from 1a) provided by the school?

- ☐ Yes
- ☐ No

c. Is the electronic device shared with anyone else in the home?

- ☐ Yes
- ☐ No

2. Can the student access the Internet on their electronic device at home?

- ☐ No – Internet is **not** available at home (skip to end of survey)
- ☐ No – Internet is **not** affordable at home (skip to end of survey)
- ☐ No – Other (skip to end of survey)
- ☐ Yes (continue to 2a)

a. If yes, what kind of Internet service do you have at home?

- ☐ Residential broadband (e.g. Cable, Fiber, DSL)
- ☐ Cellular network
- ☐ School-provided hotspot
- ☐ Satellite
- ☐ Dial-up
- ☐ Other
- ☐ I am not sure.

b. Can the student stream a video on their electronic device without pauses?

- ☐ Yes – with **no** pauses or buffering
- ☐ Yes – with **some** pauses or buffering
- ☐ No – streaming doesn't work



Student Injuries Can Happen

Offered to Families with Students - Grades PK-12

Approved By Your School/School District

What is Student Accident Insurance?

- ◆ Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

Why Consider Student Accident Insurance For Your Student?

- ◆ High Deductible/Copayments to your Family's Primary Health Insurance
- ◆ No Health Insurance for your Student
- ◆ Your Student participates in a interscholastic sport where an unexpected injury is more likely to occur.
- ◆ Your Student is prone to injuries

Coverage Options Available Through Your School

- ◆ School Time Coverage - \$16.00
- ◆ 24-Hour/Full-Time Coverage - \$99.00
- ◆ Interscholastic Sports Coverage
(w/School Time-\$91.00 or 24 Hour Coverage-\$174.00)
- ◆ Football Coverage - \$250.00
(Grades 9-12 for the football season)

- ◆ Extended Dental Coverage - \$9.00

Premium Paid Once a School Year

To Enroll Your Student & Review Medical Benefits

Go to: www.sas-mn.com

1. Click "Enroll" in K-12 Students & Parents
2. Select State and School/District
3. Select "Brochure" to review medical benefits, coverage options, and rates.

Parents can either print and complete the enrollment form to mail with check/money order or:

You Can Purchase Coverage Online:

- **Select "Purchase Online"**
- **Complete online application (more than one student can be enrolled)**
- **Pay by Credit Card/Debit**
- **Print ID Confirmation after transaction is successful**

Accidents Can Happen and Medical Expenses are One of the Biggest Financial Hardships for Families Every Year.

For Questions, Call (800) 328-2739



Specializing in Student Accident Insurance Since 1971.

The above information is just a brief description of Student Assurance Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to www.sas-mn.com Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company

BELGRADE-BROOTEN-ELROSA PUBLIC SCHOOLS

Independent School District #2364
Stearns, Kandiyohi and Pope Counties
Box 339, Belgrade, MN 56312
Patrick Walsh, Superintendent
320-254-8211
FAX 320-254-3784

Dear Parents/Guardians:

The School District does not provide any type of health or accident insurance for injuries incurred by your child at school.

We encourage all families to have accident coverage on their children, prior to participation in any *interscholastic sports* or if a family's current primary health insurance has a high deductible, Co-Insurance Clause and/or limitation on medical benefits. If you feel your primary health coverage is adequate, please sign the bottom of this letter and return to a school employee.

The options are:

Coverage Options	Annual Premium
School Time Coverage (Not including Interscholastic Sports) Provides benefits for accidents during school hours ONLY	\$ 16.00
School Time Coverage Includes Interscholastic Sports Provides benefits for accidents during school hours as well as participating in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	\$ 91.00
Football Coverage Grades 9-12 Provides benefits to athletes when practicing and competing during the football season	\$ 250.00
Full Time Coverage (Not including Interscholastic Sports) Provides benefits for students 24 hours a day, 7 days a week	\$ 99.00
Full Time Coverage Includes Interscholastic Sports Provides benefits for students 24/7 as well as when they participate in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	\$ 174.00
Extended Dental Coverage Provides additional benefits for students 24 hours a day for any dental accident	\$ 9.00

In making application for coverage, please read brochures explaining options carefully.

1. Print name, address and other information clearly on the enrollment form.
2. Make check or money order payable to **STUDENT ASSURANCE SERVICES, INC.** or complete the credit card payment form.
3. Print Student's name on the face of the check.
4. Detach and retain summary of coverage, and return the enrollment form to the school within 14 days. Coverage will become effective at 12:01 a.m. following the date the enrollment form and premium are received and dated by the school.
5. Questions about the plan may be directed to Student Assurance Services, Inc., at (651) 439-7098, or toll free 1-800-328-2739.

Please sign and return form below if you already have adequate insurance.

PARENTAL INSURANCE WAIVER

Student's Name _____ School _____

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while attending regular school session and/or participating in interscholastic sports.

Parent's/Guardian's Signature _____ Date _____



Bold. Boundless. Engaged.

The staff at the Belgrade-Brooten-Elrosa School District is interested in providing the best possible educational environment for your child. At times it will be necessary to vary from the normal routine of the school setting to include field trips in and out of the district. We also encourage local newspapers to become involved in the activities at the school throughout the school year. In addition, teachers are encouraged to communicate using the school website.

It is our request that you give permission for the following things. We would also like you to take time to go over your primary health coverage to be sure it is adequate and the BBE School Handbook including the student discipline policy.

Thank you for your cooperation in this matter.

1. YES / NO My child may take part in school field trips.
2. YES / NO My child's picture may be used in the local newspapers, school social media and on the school website.
3. YES / NO Breakfast at school.
4. YES / NO When my child is absent, send homework with

_____ in _____
Brother/Sister/Neighbor, etc Grade / Teacher

5. YES / NO The below named student and I have received, read, discussed, and understand the BBE School Handbook.

Student's Name _____

6. YES / NO We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while attending regular school session and/or participating in interscholastic sports.

YES / NO If answering NO to #6 above. I acknowledge receipt of the Student Assurance Services Inc. Brochure (included in this packet)

Parent/Guardian Signature _____ Date _____

Student-Teacher-Parent Compact

BBE School Staff Agreement

We are here to provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:

- ✓ Create a welcoming and positive learning environment for students and parents/guardians.
- ✓ Foster an environment that allows for positive communication between the parents/guardians and student.
- ✓ Provide remedial and/or enrichment instruction to students in reading and math as determined by testing, and teacher recommendation.
- ✓ Provide games, worksheets, flashcards, technology, and/or other materials beneficial in the mastery of skills.
- ✓ Provide parents with regular reports on their child's progress.
- ✓ Provide parents opportunities to volunteer and participate in their child's education.

Teacher

Date

Teacher

Date

Legal Parent/Guardian Agreement

I want my child to achieve. Therefore, as my child's primary educator, I will encourage him or her by doing the following:

- ✓ See that my child is punctual and attends school regularly.
- ✓ Support the school in its efforts to maintain proper discipline.
- ✓ Establish a time for homework and review the homework regularly, encouraging my child's efforts.
- ✓ Promoting positive use of my child's extracurricular time & monitoring the amount of TV my child watches.
- ✓ Stay informed about my child's education and communication with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate.
- ✓ Read with my child and let my child see me read.
- ✓ Attend conferences and other school activities provided by the school.

Legal Parent/Guardian Signature

Date

Student Agreement

It is important that I work to the best of my ability. Therefore, I shall strive to do the following:

- ✓ Come to school each day prepared with the necessary tools for learning.
- ✓ Read at least 15-20 minutes every day outside of school time.
- ✓ Follow the school's rules of student conduct.
- ✓ Complete and return homework assignments on time, and ask for help when I need to.
- ✓ Give to my parents or guardian all notices and information received by me from school every time I receive one.
- ✓ Believe that I can and will learn.

Student Signature

Date

Pacto de Personal - Padres - Estudiantes

Acuerdo de BBE Personal

Estamos aquí para proveer un plan de estudios e instrucción de alta calidad en un ambiente de aprendizaje apoyoso y efectivo que permita a los niños participantes cumplir con los estándares de logros académicos del estado como sigue:

- ✓ Crear un ambiente de aprendizaje amistoso y positivo para los estudiantes y los padres / guardián.
- ✓ Apoyar un ambiente que permita comunicación positiva entre los padres / tutores y el estudiante.
- ✓ Proveer instrucción de recuperación y / o enriquecimiento a los estudiantes en lectura y matemáticas según lo que es determinado por las pruebas y la recomendación del maestro.
- ✓ Proporcionar juegos, hojas de trabajo, tarjetas de estudiar, tecnología y / u otros materiales beneficiosos en el dominio de habilidades.
- ✓ Proporcionar padres con reportes periódicos sobre el progreso de sus hijos
- ✓ Proveer a los padres oportunidades ser voluntarios y participar en la educación de su hijo.

Maestro

Maestro

Fecha

Fecha

Acuerdo de Padre / Guardián Legal

Quiero que mi hijo logre. Por lo tanto, como educador primario de mi hijo/a, lo alentara por haciendo lo siguiente:

- ✓ Vea que mi hijo es puntual y asiste a la escuela regularmente.
- ✓ Apoye la escuela en sus esfuerzos de mantener disciplina propio.
- ✓ Establezca un tiempo para la tarea y revise la tarea regularmente, estimulando los esfuerzos de mi hijo.
- ✓ Promover el uso del tiempo extracurricular positivo de mi hijo y monitorear la cantidad de TV que mira mi hijo.
- ✓ Manténgase informado sobre la educación de mi hijo y comunicación con la escuela por leer prontamente todos los avisos de la escuela o del distrito escolar recibidos por mi hijo o por correo y responda cuando sea apropiado.
- ✓ Lea con mi hijo y deje que me vea leer
- ✓ Asista la conferencias y otros actividades de la escuela.

Firma de padre / guardian legal

Date

Acuerdo de Estudiante

Es importante que trabaje lo mejor que pueda. Por lo tanto, me esforzaré por hacer lo siguiente:

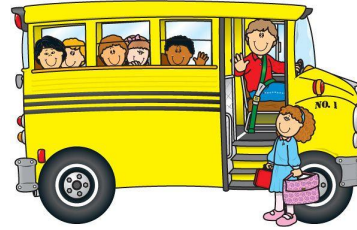
- ✓ Venga a la escuela cada día preparado con las herramientas necesarias para aprender.
- ✓ Lea por lo menos de 15-20 minutos cada día fuera de la escuela.
- ✓ Siga todas las reglas de conducta estudiantil de la escuela.
- ✓ Completa y devuelva todos las tareas a tiempo y pedir ayuda cuando sea necesario.
- ✓ Di todas las notificaciones/información que me llega de la escuela a mis padres/guardián cada vez que la recibo.
- ✓ Creo que puedo y voy a aprender.

Firma del Estudiante

Fecha

Bus Information

2022-2023



Child's Name _____

Teacher _____

After school my child will MOST OF THE TIME go to: **MARK ONLY ONE:**

_____ Our Home: The bus route/animal name to our home is _____.

_____ Daycare: Daycare name: _____ Bus: _____

_____ Other: Where _____ Bus: _____

_____ JSS After School Program (school days only, program starts 9/6/22)

M ___ T ___ W ___ Th ___ F ___ Prior to 9/6 _____

_____ Walks home

_____ Picked up. By whom: _____

Notes: _____

Students will be expected to ride only their assigned bus, with the exception of transportation for pre-approved school-related events.

Any changes made to your child's normal bus routine (some examples: getting picked up at school, staying after school for a Community Ed class) need to be called in to the office at 320-254-8211, ext 1215, emailed to elemoffice@bbejaguars.org, or a written note given to the office. All change requests should be made before 12:00 PM, except in the case of an emergency.

EMERGENCY SCHOOL CLOSING INFORMATION

In the event that school will need to dismiss early (weather, fire, and any other unforeseen circumstance), my child/children should always go:

_____ Follow plan as above. (Note: JSS is not open in an Emergency School Closing.)

_____ Other: Please explain: _____

Date

Parent Signature