

Highland Park Elementary School Supplement  
Parent and Student Handbook



**Our Mission is to Nurture  
Instruct and Challenge Students  
to become Confident, Life Long Learners**

August 31, 2016  
To  
May 31, 2017

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STAFF 2016-2017

## STAFF 2016-2017

Principal	Sara Lucero	120
Kindergarten	Tina Roos	112
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School Secretary	Peggy Pyle	118

### Building Para-Educators:

Ava Clauson	John Munsell	Paula Howe
Kennedy Phillips	Melissa Kappel	Alexis Peaslee
Julie Sgrignoli	Megan Walker	Mary Roig
Title 1 Aide: Carrie Klippenstein		

## **SUPERVISION OF STUDENTS**

**Please do not send your child to school before 7:45 a.m.** as this is when our outside school ground supervision starts. **We cannot be responsible for your child if he/she arrives before 7:45 a.m.** At noon, if your child walks home, he/she should not come back before 12:35. It is expected that students will be picked up promptly at the end of each school day. Every effort is made to supervise your child in a way that promotes his/her safety and well-being. We hope that you, as parents, will help us by sending your child at the appropriate times.

## **LOST AND FOUND ITEMS**

Lost and found items are placed in the entryway for a reasonable time so that they can be reclaimed. PLEASE help out by looking through our lost and found area periodically for lost items and by clearly marking your child's property and possessions.

## **HOT LUNCH**

Please ask for an application for free or reduced lunch if your child does not bring one home and you feel you would qualify. Hot lunch starts on the first day of school and is served at 11:45 for all students. Hot lunch is served through the last full day of school.

## **HOMEWORK/MAKEUP WORK**

For every day a student is absent, excused or unexcused, they will have 2 days to complete the missed material. Anything beyond the allotted time may be recorded as a "0" in the grade book. In the event that a student is absent for 1-2 consecutive days regardless of the reason, missed work will be made up shortly upon the return to school. Students being absent for 2 or more consecutive days will be able to pick-up all missed work from the office should the parent/guardian call in advance to schedule a pick-up time. For extended absences, homework will not be given out prior to the absence, unless arrangements are made between the family and the school staff.

## DRESS CODE

- Any clothing worn inappropriately is unacceptable. Pajamas are NOT acceptable school attire unless for a classroom function allowing it.
- No short shorts, short skorts, or short cutoffs can be worn. Mid-thigh and longer shorts, skorts, and cutoffs are acceptable. Skins and biker shorts may not be worn without other clothing over them.
- Mesh shirts, short shirts (including half-shirts and midriff shirts), and side-slit shirts are unacceptable and may not be worn.
- No clothing is allowed that is printed with profane language, advertises alcoholic beverages and/or illegal drugs, or is offensive to others.
- Appropriate shoes must be worn. Slippers may not be worn because of safety concerns unless for a classroom function allowing it.
- No hats, caps, scarves, bandannas, or headwear shall be worn in the school building by either boys or girls unless for a classroom function allowing it.
- Makeup may not be worn by either boys or girls.

### Highland Park Daily Student Schedule

Mondays, Tuesdays, Thursdays, and Fridays

8:00	First bell rings calling students into the building
8:05	Tardy Bell
9:45-10:00	Morning Recess
11:45-12:35	Recess/Lunch
1:45-2:10	Afternoon Recess
3:15	Students dismissed for the day

Wednesdays

2:00	No Afternoon Recess Students are dismissed for the day
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## **SCHOOL RULES**

**Remember, you are a representative of Highland Park School. These rules have been established for the safety of our students!**

Please see the addendum to this document for a complete list of school rules.

### **After School Playground Rules**

Afterschool time is not recess time. You will:

- Wait in designated areas.
- Not play on the field, not play with toys, and not play on equipment.
- Leave the playground immediately if you are not waiting for a ride.
- Use the crosswalks when you are crossing the street

### **Consequences for Breaking Rules**

Please see the addendum to this document.

### FERPA (Pay special attention to last paragraph)

The Family Rights and Privacy Act (FERPA) affords you, the parents, certain rights with respect to your child's education records. These are:

- The right to inspect and review your child's education records within 45 days of the day we receive a request for access. If you wish to do this, you should submit to the principal a written request that identifies the records(s) you wish to inspect. The principal will make arrangements for access and notify you of the time and place where the records may be inspected.
- The right to request the amendment of your child's education records that you believe are inaccurate, misleading, or otherwise in violation of your child's privacy rights under FERPA. If you wish to ask us to amend a record, you should write the principal, clearly identify the part of the record you want changed, and specify why it should be changed. If we decide not to amend the record as requested by you, we will inform you of the decision and advise you of your right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to you when notified of the right to a hearing.
- The right to consent to disclosures of personally identifiable information contained in your child's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interest. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including secretarial, counseling, health, or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with officials (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the school discloses education records without consent to officials of another school district in which your child seeks or intends to enroll.
- The right to file a complaint with the U.S. Department of Education concerning alleged failures by the Miles City Elementary School District, to comply with the requirements of FERPA. The name and address of the office that administers FERPA are:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-5920

We do have the right to disclose directory information from education records without your consent to other educators and government agencies. We also have the right to provide directory information to others who may need it. Directory information includes information such as your child's name, dates of attendance, grade level, honors and awards, participation in school activities, and pictures. (For example, this allows us to send The Star the Honor Roll, put your child's picture in the yearbook, give class lists to students for valentines, etc.) **As a guardian, you may request that none of your child's directory information is ever released (this excludes educators and government agencies).**

**Miles City Unified School District 1**  
**Family Educational Rights and Privacy Act (FERPA)**  
**Annual Notice of Student Education Record Privacy**

Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive federal funds.

FERPA gives parents certain rights with respect to their child's education records. When a student reaches the age of 18 or attends a post-secondary school or college, the parent's rights transfer to the student and the student is then an "eligible student" under the law.

Under FERPA, parents and eligible students have the following rights:

- 1) To inspect and review the student's education records maintained by the school within 45 days of the school's receipt of a written request. The request should identify the record(s) being inspected. The school is not required to provide copies of records and may charge a fee if copies are requested. The following staff person may be contacted to seek access to your child's record:

Name of Staff: Sara Lucero Telephone: 406-234-3890

Email Address: slucero@milescity.k12.mt.us

You will be notified of the place and time the record(s) may be available for review.

- 2) To request that a school correct records believed to be inaccurate or misleading. The request must be in writing and clearly specify: (a) the part of the record requesting to be changed, and (b) why it is inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student has the right to a hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement in the record about the contested information. The school is not required to consider requests for grade or disciplinary decisions, opinions of school officials in the education record, or the child's special education determination. The following staff person may be contacted to request an amendment to your child's record:

Name of Staff: Sara Lucero Telephone: 406-234-3890

Email Address: slucero@milescity.k12.mt.us

- 3) To control the disclosure of their child's personally identifiable information from their education record. The school or district must, with certain exceptions, obtain parent written consent prior to the disclosure of personally identifiable information from education records. An exception which permits disclosure without consent is disclosure to school staff with legitimate educational interests, such as a person employed by the district; a person serving on the school board; a person or company with whom the district has contracted to perform a special task (such as an attorney, auditor, or therapist); or a parent or student serving on an official committee, such as a grievance or disciplinary committee or assisting another school official; and/or an official of another school district in which a student seeks to enroll. A school official has a legitimate education interest if the official needs to review an education record in order to fulfill a professional responsibility. A school district may also disclose personally identifiable information from education records without prior written consent to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. Student directory information may also be disclosed without prior consent if the categories to be disclosed are designated and parents are given the opportunity to opt out prior to disclosure.

You have the right to file a complaint with the U.S. Department of Education at the following address if you feel the school district has failed to comply with the requirements of FERPA:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-4605



**Miles City Unified School District 1**  
**Family Educational Rights and Privacy Act (FERPA)**  
**Annual Notice for Disclosure of School Directory Information**  
**Elementary/Middle School**

Dear Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a federal law that requires the school district, with certain exceptions, to obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. Sometimes our school or district may disclose some student information without written consent when the information is designated "directory information" unless you have advised the school or district to the contrary in accordance with district procedures.

The primary purpose of directory information is to allow us to include some types of information in certain school publications and is generally not considered harmful or an invasion of privacy if released. Examples of school publications are:

- a playbill or program showing your child's role in a school production
- honor roll or other recognition lists published at school or in newspapers
- school/student directory
- school or district website

Directory Information can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to:

- other schools the student is seeking to attend (student records, etc.)
- state or federal authorities auditing, evaluating programs or enforcing state or federal laws
- a court by order of a subpoena

Our school district has designated the following as directory information:

Student name	Dates of attendance
Telephone number	Grade level
Photograph	Awards or recognition received
Participation in school activities	

If you do not want our school or district to disclose directory information about your child without your prior written consent, you must complete the attached form "Parent Request for Non-Disclosure of School Directory Information" by 9/7/14 to let us know which type of directory information you wish to deny release or request prior written consent prior to release.

We ask that you complete one form for each child and return the form(s) to your child's school.

If you have any questions or concerns, please let us know.

Sara Lucero  
 Name  
406-234-3890  
 Telephone Number

Principal  
 Title  
slucero@miles-city.k12.mt.us  
 Email Address

**Miles City Unified School District 1**  
**Family Educational Rights and Privacy Act (FERPA)**  
**Parent Request for Non-Disclosure of School Directory Information**  
**Elementary/Middle School**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ School: \_\_\_\_\_

Use a separate form for each child you are requesting nondisclosure of school directory information. Please return this form to:

School Name: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State ZIP: \_\_\_\_\_

*Parent/Guardian: Please complete the section below and return the entire form to your child's school.  
 Parent: Select either 1, 2 or 3 from the list below*

I am requesting that my child's school take one of the following actions regarding the release of school directory information.

1.  Do not release ANY information about my child, including name, telephone number, grade level, etc.
- or
2.  Do not release the following information about my child (select one or more):
 

<input type="checkbox"/> Student name	<input type="checkbox"/> telephone number
<input type="checkbox"/> grade level	<input type="checkbox"/> awards or school recognition
<input type="checkbox"/> dates of attendance	<input type="checkbox"/> photograph
<input type="checkbox"/> participation in school activities	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
- or
3.  Notify me for my prior written consent before any directory information is disclosed or released about my child.

Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Preferred method for school to communicate with parent:  telephone  email

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

**Miles City Unified School District 1**  
**Protection of Pupil Rights Amendment (PPRA)**  
**Annual Notice to Parents**

Dear Parent/Guardian:

It is very important to us to let you know of your rights regarding district surveys, collection and use of student information for marketing purposes, and certain physical examinations. These rights include:

1. *Consent* before students are required to complete a survey that concerns one or more of the following protected areas if the survey is funded in whole or in part by a program of the U.S. Department of Education.
  - Political affiliations or beliefs of the student or student's parent;
  - Mental or psychological problems of the student or student's family;
  - Sex behavior or attitudes;
  - Illegal, anti-social, self-incriminating or demeaning behavior;
  - Critical appraisals of others with whom respondents have close family relationships;
  - Legally recognized privileged relationships, such as with lawyers, doctors or ministers;
  - Religious practices, affiliations or beliefs of the student or parents; or
  - Income, other than is required by law to determine program eligibility.
2. *Receive notice and an opportunity to opt a student out of –*
  - Any other protected information survey, regardless of funding;
  - Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
  - Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.
3. *Inspect*, upon request and before administration or use –
  - Protected information surveys of students;
  - Instruments used to collect personal information from students for any of the above marketing, sales or other distribution purposes; and
  - Instructional material used as part of the educational curriculum.

When a student reaches the age of 18 or is an emancipated minor under State law, the parent's rights transfer to the student.

The district has adopted policies, in consultation with parents, regarding these rights as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales or other distribution purposes. Parents will be notified of these policies at least annually at the start of each school year and after any substantive changes. The district will also inform parents at the beginning of the school year if the district has identified the specific or approximate dates of activities or surveys and will provide an opportunity for the parent to opt his or her child out of participating in a specific activity or survey.

For activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys and will be provided an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. The following are specific activities and surveys covered under this requirement:

- collection, disclosure or use of personal information for marketing, sales or other distribution;
- administration of any protected information survey non funded by the U.S. Department of Education; and
- any non-emergency, invasive physical examination or screening as described above.

Attached, if scheduled at this time, is a "Scheduled Activities and Surveys" notice. For your convenience, we have also attached a "Parent Consent and Opt-Out Response" form that must be returned to the office.

To file a complaint with the U.S. Department of Education concerning alleged failures by the district to comply with the requirements of PPRA, contact:

*Family Policy Compliance Office*  
*U.S. Department of Education*  
*400 Maryland Avenue SW*  
*Washington, DC 20202-5901*

**Miles City Unified School District 1**  
**Annual Parent Notice**  
**Right to Request Teacher Qualifications**

School: Highland Park Elementary School Date: 8/29/16

Dear Parent or Guardian:

Our school receives federal funds for Title I programs that are part of the *Elementary and Secondary Education Act of 1965 (ESEA)*, as amended by the *No Child Left Behind Act of 2001 (NCLB)*. Throughout the school year, we will continue to provide you with important information about this law and your child's education.

We are very proud of our teachers and feel they are ready for the coming school year and we are prepared to give your child a high-quality education. As a Title I school, we must meet federal regulations related to teacher qualifications as defined in ESEA/NCLB. Under these regulations, you have the right to request information regarding the professional qualifications of your child's classroom teacher(s) or paraprofessional(s). If you request this information, the district or school will provide you with the following as soon as possible:

- a. if the teacher has met state licensing requirements for the grade level and subjects in which the teacher is providing instruction;
- b. if state licensing requirements have been waived for the teacher on a temporary basis;
- c. the type of college degree major of the teacher and the field of discipline for any graduate degree or certificate; and
- d. if your child is receiving Title I services from paraprofessionals and, if so, his/her qualifications.

Our staff is committed to helping your child develop the academic knowledge and critical thinking he/she needs to succeed in school and beyond. That commitment includes making sure that all of our teachers and paraprofessionals are highly skilled.

If you would like to request this information or if you have any questions about your child's assignment to a teacher or paraprofessional, please contact the following person at your child's school

Name: Sara Lucero Title: Principal  
Email: sluceroemilescity.k12.mt.us Phone: 406-234-3890

Thank you for your interest and involvement in your child's education.

Sincerely,

Sara Lucero  
Name

Principal  
Title

The school district does not discriminate on the basis of race, color, national origin, sex, age, or disability in matters affecting employment or in providing access to programs and services and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries and complaints regarding nondiscrimination policies and to coordinate compliance efforts:

Name: Mike Ryan Title: Title IX Coordinator  
Address: 20 S. Center Street Miles City, MT 59301  
Telephone: 406-234-4920 Email: mryanemilescity.k12.mt.us

Inquiries or complaints may also be directed to the Office for Civil Rights, U.S. Department of Education, 400 Maryland Avenue S.W., Washington D.C. 20202, or by calling (800) 421-3481 or (877) 521-2172 (TTY).

**OFFICE USE ONLY**

Student ID #:	Date Distributed:		
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**Montana Authorization to Possess or Self-Administer Asthma, Severe Allergy, or Anaphylaxis Medication**

For this student to possess or self-administer asthma, severe allergy, or anaphylaxis medication while in school, while at a school-sponsored activity, while under the supervision of school personnel, before or after normal school activities (such as while in before-school or after-school care on school-operated property), or while in transit to or from school or school-sponsored activities, this form must be fully completed by 1) the prescribing physician/physician assistant/advanced practice registered nurse, and 2) an authorizing parent, an individual who has executed a caretaker relative educational or medical authorization affidavit, or legal guardian.

Student's Name: \_\_\_\_\_  
 Sex: (Please circle) Female / Male  
 Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 School Year: \_\_\_\_\_ (Must be renewed annually)

**Authorization by Physician/PA/APRN:**

The above-named student has my authorization to carry and self administer the following asthma, severe allergy, or anaphylaxis medication:

Medication: (1) \_\_\_\_\_ Dosage: (1) \_\_\_\_\_  
 (2) \_\_\_\_\_ (2) \_\_\_\_\_

Reason for prescription(s): \_\_\_\_\_  
 Medication(s) to be used under the following conditions (times or special circumstances):  
 \_\_\_\_\_  
 \_\_\_\_\_

I confirm this student has been instructed in the proper use of this medication and is able to self-administer this medication without school personnel supervision. I have formulated and provided to the parent/guardian or caretaker relative a written treatment plan for managing asthma, severe allergies, or anaphylaxis episodes and for medication use by this student during school hours and school activities.

\_\_\_\_\_  
 Signature of Physician/PA/APRN

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Date

**Authorization by parent, individual who has executed a caretaker relative educational or medical authorization affidavit, or guardian:**

As the parent, individual who has executed a caretaker relative educational or medical authorization affidavit, or guardian of the above named student, I confirm this student has been instructed by his/her health care provider on the proper use of this/these medication(s). He/she has demonstrated to me he/she understands the proper use of this medication. He/she is physically, mentally, and behaviorally capable to assume this responsibility. He/she has my permission to self-medicate as listed above, if needed. If he/she has used epinephrine during school hours, he/she understands the need to alert the school nurse or other adult at the school who will provide follow-up care, including making a 9-1-1 emergency call.

I acknowledge the school district or nonpublic school and its employees and agents are not liable as a result of any injury arising from the self-administration of medication by the student, and I indemnify and hold them harmless for such injury, unless the claim is based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.

I agree to work with the school in establishing a plan for use and storage of backup medication. This will include a predetermined location to keep backup medication to which the student has access in the event of an asthma, severe allergy, or anaphylaxis emergency. I have provided the following backup medication: \_\_\_\_\_

I understand in the event the medication dosage is altered, a new "self-administration form" must be completed, or the health care provider may rewrite the order on his/her prescription pad and I, the parent/caretaker relative/guardian, will sign the new form and assure the new order is attached.

I understand it is my responsibility to pick up any unused medication at the end of the school year, and any medication not picked up will be disposed of.

I authorize the school administration to release this information to appropriate school personnel and classroom teachers.

Parent/Caretaker/Guardian relative signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Original signed authorization to the school; a copy of the signed authorization to the parent/guardian and health care provider)*  
 See generally Mont. Code Ann. § 20-5-420

Miles City Public Schools  
Authorization for the Administration of Medication

3416P

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Part I – Physician’s Statement

1. Name/type of medication \_\_\_\_\_
2. Dosage/amount to be administered \_\_\_\_\_
3. Frequency/times to be administered \_\_\_\_\_
4. Duration (week, month, indefinite, etc.) \_\_\_\_\_
5. Anticipated reaction to medication \_\_\_\_\_  
(symptoms, side effects, etc.) \_\_\_\_\_

Physician’s Signature \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Date Signed \_\_\_\_\_

Part II – Parent’s request/Approval

I hereby request and give my permission for the above-named school to administer the medication prescribed on this form to my child.

Parent’s Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Part III – Designated Person(s) Administering Medication

I have agreed to administer the medication as requested by the parent(s) and in accordance with directions listed above by the physician.

Signature of Person(s) Administering Medication \_\_\_\_\_ Date Signed \_\_\_\_\_

Copies to: Physician  
Parent(s)  
School



opi.mt.gov

**Medical Statement for Children *with* Disabilities**  
**Requiring Special Meals in the U.S. Department of Agriculture Child Nutrition Programs**  
 (National School Lunch Program, School Breakfast Program, Afterschool Snack Program, Summer Food Service Program)

This statement must be completed in its entirety and submitted to the school before any meal substitutions can be made for children with disabilities. The parent/guardian should review this form annually and initial and date if no changes are needed. Any changes require the submission of a new form signed by the child's physician.

**Part 1 – To be completed by parent/guardian. Please print.**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Male  Female

Parent/Guardian's Name: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPPA) of 1996 and the Family Educational Rights and Privacy Act (FERPA) I hereby authorize

\_\_\_\_\_  
 (Name of Licensed Physician)

to release such protected health information of my child as is necessary for the specific purpose of special diet information to

\_\_\_\_\_  
 (Name of School)

and I consent to allow the physician to freely exchange the information listed on this form and in my child's records with the school district as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that I may rescind permission to release this information at any time except when the information has already been released. My permission to release this information will expire on \_\_\_\_\_

(\*Expiration Date)

**\*Note:** The recommended expiration date is for a period of one year so that updates to the medical statement can be made in conjunction with the child's annual physical.

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

**Part 2 – To be completed by licensed physician. Please print.**

A. Describe the patient's disability and the major life activity affected by the disability:

B. Does the disability restrict the individual's diet?  Yes  No

*If yes, the physician must complete C through F, sign and stamp the form with the office name and address.*

C. List foods to be **omitted** from the diet and foods to be **substituted** (attach specific diet plan):

*Note: A specific diet plan **must** be provided before the school food service program can make any meal substitutions for the child.*

D. List foods that require a change in texture. If all foods need to be prepared in this manner, indicate "All."

Cut up or chopped to bite-size pieces:

Finely ground:

Pureed:

E. List any special equipment or utensils needed:

F. Indicate any other comments about the child's eating or feeding patterns:

Physician's Name: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Stamp:



*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.*

*The Montana Office of Public Instruction provides vision, advocacy, support, and leadership for schools and communities to ensure that all students meet today's challenges and tomorrow's opportunities.*





opi.mt.gov

Medical Statement for Children *without* Disabilities  
Requiring Special Meals in the U.S. Department of Agriculture Child Nutrition Programs  
(National School Lunch Program, School Breakfast Program, Afterschool Snack Program, Summer Food Service Program)

This statement must be completed in its entirety and submitted to the school before any meal substitutions can be made for nondisabled children with special dietary needs. The parent/guardian should review this form annually and initial and date if no changes are needed. Any changes require the submission of a new form signed by the child's recognized medical authority.

**Part 1 – To be completed by parent/guardian. Please print.**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Male  Female

Parent/Guardian's Name: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPPA) of 1996 and the Family Educational Rights and Privacy Act (FERPA) I hereby authorize

\_\_\_\_\_  
(Name of Recognized Medical Authority)

to release such protected health information of my child as is necessary for the specific purpose of special diet information to

\_\_\_\_\_  
(Name of School)

and I consent to allow the recognized medical authority to freely exchange the information listed on this form and in my child's records with the school district as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that I may rescind permission to release this information at any time except when the information has already been released. My permission to release this information will expire on \_\_\_\_\_  
(\*Expiration Date)

**\*Note:** The recommended expiration date is for a period of one year so that updates to the medical statement can be made in conjunction with the child's annual physical.

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

**Part 2 – To be completed by recognized medical authority. Please print.**

- A. Describe the medical or other special dietary need that restricts the child's diet:
- B. List foods to be **omitted** from the diet and foods to be **substituted** (attach specific diet plan):  
*Note: A specific diet plan **must** be provided before the school food service program can make any meal substitutions for the child.*
- C. List foods that require a change in texture. If all foods need to be prepared in this manner, indicate "All."  
Cut up or chopped to bite-size pieces:  
Finely ground:  
Pureed:
- D. List any special equipment or utensils needed:
- E. Indicate any other comments about the child's eating or feeding patterns:

Recognized Medical Authority's Name: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Recognized Medical Authority's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Stamp:



*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.*

*The Montana Office of Public Instruction provides vision, advocacy, support, and leadership for schools and communities to ensure that all students meet today's challenges and tomorrow's opportunities.*

## PERMISSION SLIP FOR PHOTOGRAPHING YOUR CHILD

From time to time we take pictures of students when working on projects or in celebration of special school events. We would like your permission to use these pictures our class and school websites, in 'thank you' packages, or in emails to Highland Park parents. We will never reference your child by name or provide any specific information regarding your child. We also will never sell these pictures; we will use them exclusively for Highland Park School's purposes.

Please take a moment to let us know your preferences regarding our use of photos and videos of your children:

YES. I grant you permission to use my child's picture on classroom and or school websites.

-OR-

NO. Please do NOT take or use any photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT):

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Name (PLEASE PRINT):

\_\_\_\_\_

Parent/Guardian's Signature:

\_\_\_\_\_

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

Parent Signature Form – Please sign & return by Sept 7, 2016

Acknowledgement of Receipt and Reading of  
Highland Park Elementary School  
Student and Parent Information Handbook

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
Print parent/guardian name print student name

have been given a copy of and have read the contents of the Highland Park Student and Parent Information Handbook to my child.

\_\_\_\_\_

(Parent signature)

\_\_\_\_\_

(Date)

**FERPA PERMISSION SLIP**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
Print parent/guardian name print student name

have read the FERPA information I understand that my child's directory information will ONLY be given to those people who have a legitimate need for it. I do not object to the school giving my child's directory information to those people who have a legitimate need for it. If I do object, I have completed the form and have sent it to the school.

\_\_\_\_\_

(Parent signature)

\_\_\_\_\_

(Date)

**FIELD TRIP PERMISSION SLIP**

\_\_\_\_\_ has my permission to attend properly supervised field trips.  
(Name of Student)

In the event my child requires emergency medical treatment during the field trip, I give my permission for the treatment.

\_\_\_\_\_

(Parent's Signature)

\_\_\_\_\_

(Date)

# Discipline Plan

## **Playground**

1. Pull student aside and reteach by demonstrating the appropriate behavior. Remind that they will have a "Time-in" if the behavior is not changed.
2. Time-in for one min. by teacher and remind that we will call parent if they do not change the behavior (no talking; tattlers stay for the time-in too)
3. Fence for 5 min. and talk to classroom teacher
  - a. Students may only be put on the fence under these situations, after the above procedures have been followed.
  - b. Notify principal by personal interaction or phone call

## **Lunchroom**

1. Pull aside and reteach by demonstrating the appropriate behavior. Remind that they will be moved if the behavior is not changed.
2. "Pick up your tray and walk with me" – take student to the "time-out" table for the remainder of the lunch period and discuss why they were moved. Remind that we will call parent if they do not change the behavior.
  - a. Time-out table will be located behind the serving tables.
3. If behavior continues, walk student to the conference room and notify the principal via personal interaction or phone call.
4. Student will lose the remainder of the recess.

## **Bathroom**

1. Pull aside and reteach by demonstrating the appropriate behavior
2. Chronic offenders have an adult that has to go with them
3. Notify principal – personal action plan

## **Hallway**

1. Go back and reteach by demonstrating the appropriate behavior
2. Walk back with student and inform the classroom teacher
3. Notify principal

## **Water Fountain**

1. Go back to classroom without a drink

### Documentation

1. *Please record any time a child is placed on the fence or sent to the conference room on an office referral form.*
2. *Place office referral forms in the classroom teacher's mailbox.*
3. *Teachers record office referral forms in Power School.*
4. *MBI data collector will input to SWIS.*

*Send to the office immediately if a child is causing any harm to themselves or others. Principal will be notified to intervene.*

**Sara Lucero**

**Cell: 406 - 600 - 5111**

**Email: slucero@milescity.k12.mt.us**



## Highland Park Lunchroom Rules



Walking feet at all times.

Keep hands feet and objects to yourself.

Use good manners.

Carry tray with both hands.

Sit at assigned tables and seats.

Raise hand for help/seconds.

Food stays on your tray.

"Huddle" voice level at all times.

Eat your own food.

Clapping pattern means a Zero Voice and eyes on teacher.

Clean up personal space and listen for tables to be dismissed.

Carefully empty tray in garbage and stack neatly.

Wait to leave the lunchroom by standing on the black line in front of the stage.



## Highland Park Playground Rules

Play should be fair, cooperative, and not exclude others.

Games must follow the rules taught in P.E. class.

Playground equipment from home is not permitted.

Only touch football is allowed.

Running/tag games stay on the grass only.

Keep hands, feet, and objects to yourself.

Throwing of objects other than playground equipment is not allowed (ex: sand, mud, snowballs).

Students who bring out equipment are responsible for bringing it back in.

During winter months and wet weather, students without adequate winter gear (snow pants, boots) must play on the blacktop.

Sliding on ice is prohibited

Students may only go back inside the building if there is an emergency.

Play stops when the whistle blows once.

When the bell rings, students will move quickly to their classroom line, face forward, and hold all equipment.

Highland Park Behavior Matrix

Expectations	Whole School	Playground	Hallway	Cafeteria	Bathroom	Dismissal
<i>Always Show Respect!</i>	<ol style="list-style-type: none"> <li>1. Failure Leads to Success</li> <li>2. Flexibility</li> <li>3. Speak with Good Purpose</li> </ol>	<ol style="list-style-type: none"> <li>1. Hands and Feet To Yourself</li> <li>2. Move Quickly To Your Classroom Line</li> <li>3. Huddle Voice</li> </ol>	<ol style="list-style-type: none"> <li>1. Hands, Feet and Objects to Yourself</li> <li>2. Walk Around Story Pit</li> <li>3. Zero Voice</li> </ol>	<ol style="list-style-type: none"> <li>1. Use Manners</li> <li>2. Raising Hand for Help or Seconds</li> <li>3. Hands And Objects To Yourself</li> <li>4. Huddle Voice</li> </ol>	<ol style="list-style-type: none"> <li>1. One Person In Stall</li> <li>2. Doors Closed</li> <li>3. Super Spy Voice</li> </ol>	<ol style="list-style-type: none"> <li>1. Keep Hands, Feet, and Objects to Yourself</li> </ol>
<i>Be Responsible!</i>	<ol style="list-style-type: none"> <li>1. Integrity</li> <li>2. Ownership</li> <li>3. This Is It</li> </ol>	<ol style="list-style-type: none"> <li>1. Hold equipment</li> <li>2. Take It Out, Bring It In</li> </ol>	<ol style="list-style-type: none"> <li>1. Quickly Get Where You're Going</li> </ol>	<ol style="list-style-type: none"> <li>1. Cleaning Up Your Area</li> <li>2. Stay Seated At Assigned Table</li> </ol>	<ol style="list-style-type: none"> <li>1. Trash In Garbage</li> <li>2. Wash Hands With Soap</li> <li>3. Dry Hands With 1 or 2 paper towels</li> <li>4. Return to class quickly</li> </ol>	<ol style="list-style-type: none"> <li>1. Tell teacher where you are going</li> </ol>
<i>Choose To Be Safe!</i>	<ol style="list-style-type: none"> <li>1. Balance</li> <li>2. Commitment</li> </ol>	<ol style="list-style-type: none"> <li>1. Walking Feet On Sidewalk</li> <li>2. Follow Playground Rules</li> </ol>	<ol style="list-style-type: none"> <li>1. Face Forward</li> <li>2. Stay To The Right</li> <li>3. Walking Feet</li> <li>4. Hands on Hips</li> </ol>	<ol style="list-style-type: none"> <li>1. Face Forward</li> <li>2. Wait To Be Dismissed</li> <li>3. Walking Feet</li> <li>4. Carrying tray with two hands</li> </ol>	<ol style="list-style-type: none"> <li>1. Standing On Wall Waiting</li> </ol>	<ol style="list-style-type: none"> <li>1. Use Crosswalks</li> <li>2. Wait On Sidewalk Behind Yellow Line</li> <li>3. Let teacher walk you</li> </ol>



across the  
street

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